Address in Medicine,

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[IN his opening remarks Dr. CUMING referred to the fact that, although the profession of medicine had lost somewhat of its repute in respect to learning, yet at no time had there been more assiduous cultivation of medicine, or its claims to public usefulness been capable of being so triumphantly indicated. He thought that its progress might be furthered still more if chemistry, botany, and natural philosophy were to a great extent banished from the curriculum, since, whatever their value, as developing habits of careful and accurate observation, it could not be denied that there are several subjects more closely identified with medical science which afford ample scope for wide and exact mental discipline. He asked whether as at one time it was necessary to defend medicine from the overweening pretensions of authority and prescription it may not now be necessary to shield it from the excessive demands of science, and he then proceeded as follows:]

We may now leave the negative part of our subject and turn to what constitutes the indispensable parts of our equipment. Besides the so-called practical subjects—medicine, surgery and obstetrics—we should know all that can be learned about the structure and the functions of the human body. Our anatomy must be thorough, although it is instructive to remember, even in respect of a subject so absolutely essential as a groundwork of medicine and surgery, that a surgeon of no less eminence than Lawson Tait entered his protest in Birmingham against the unnecessary minuteness and elaboration of even anatomical teaching. For my own part I am inclined rather to adopt the standard of Huxley, that anatomy should be so learned that the body will be as it were transparent to the eye.

Now one cannot fail to be struck with the fact that among the subjects of greatest present interest there are two which seem to give evidence of distinct currents of thought moving apparently in opposite directions. On the one hand, we find an important part in pathological and physiological processes ascribed to minute organisms, the white corpuscles or leucocytes, which are apparently free from all direct nervous influence and float freely in the blood; and, on the other hand, we find that the domain of the most highly-organised and differentiated part of the body, the nervous system, is being extended and increased. It seems as if attention was being divided not unequally between the simplest elements of the body and the most complex portion of its structure; shared between little masses of protoplasm, which present but slight differentiation in structure, and the nervous system with all its complicated and refined activities and powers. And even, what is still more remarkable, we find a certain similarity in function suggested as existing between these seemingly widely different portions of the economy. It has been long known that unicellular organisms, amœboid cells, possess the power of choosing their appropriate nutriment and of rejecting what is harmful or useless to them. These facts have been for a considerable time familiar to naturalists and their remarkable character has caused them to be studied with much interest. It has been abundantly shown in respect of animals higher in the scale, but possessing either no cerebral hemispheres or only a rudiment of them, that they are capable of much and varied bodily activity in response to suitable stimuli. With regard to the human body, it has been also established that osmosis does not take so important a part in nutrition as was formerly supposed and that a distinct selective power is exercised by the epithelial cells of the intestines, which, for example, pick out the globules of fat from the materials within their reach and transmit them to the commencement of the chyle vessels. Now the striking observations of Metschnikoff regarding the action of the leucocytes on microbes, the phenomena of phagocytosis, have naturally been received with more favour owing to the knowledge we possessed of facts presenting some analogy with his observations.

The instructive discussion which took place in the Pathological Society of London during the earlier months of the present year has brought, more prominently than formerly, the facts on this subject before the profession in this country. In the main, I think, we are compelled to accept Metschnikoff's views as representing the present state of our knowledge, and accordingly we must accept phagocytosis, notwithstanding the opposition of some observers of great weight and authority, and notwithstanding some considerable objections. It seems then to be established that certain cells, of which the leucocytes are the most important, possess the power of attacking and destroying certain infective microbes when introduced into the body; that these free, mobile and apparently quite independent organisms act in a manner highly important to the integrity and safety of the body at large, protecting it under suitable circumstances from the injurious effects of virulent bacteria. So much I think may be regarded as fairly established, even should Buchner's views regarding the importance of antibiotic fluids in the blood be ultimately established. It is, however, with a certain degree of wonder, not unmingled with distrust, that we find something of the purposive character which has hitherto been supposed to be the exclusive endowment of conscious beings attributed to these minute, hardly differentiated masses of protoplasm. We learn that under the influence of chloral the leucocytes refuse their work and become anæsthetised, so that the bacteria have it all their own way. We are told that they show a liking for some substances and an instinctive aversion for others, and some facts are adduced regarding their mode of warfare which seems to point to a more than nascent civilsation. One observer describes them as marching right up to the bacilli and attacking them, which seems analogous to the Napoleonic tactics in battle, while the lymphocytes are described as forming a second line of defence, a method suggestive of the more watchful strategy of Moltke. Altogether the demeanour and endowments of the cells open up a field for investigation both as regards cell action in itself and as regards its relation to the organism generally which contains much that is of the highest pathological and physiological interest. A new cellular pathology is being developed, differing widely indeed from the brilliant theory bearing this name so long familiar to us from the powerful advocacy of Virchow, but agreeing with it in the important functions assigned to the ultimate elements of the body as independent factors both in morbid and in healthy processes, and also in representing them as being either uninfluenced or as only indirectly influenced by the nervous and vascular systems in some of their essential activities.

Now while phagocytosis is directing our attention with increasing interest to the minutest and most elementary constituents of the organism, on the other hand renewed zeal is being shown in investigating the complex problems which the nervous system presents to the inquirer. Even with regard to those more doubtful subjects which are in the borderland of legitimate scientific inquiry a revival of interest has taken place. Hypnotism and its allied states have long exercised a powerful fascination on a large portion of the intelligent public, and have been looked on with much curiosity, but always with a little suspicion by physicians. Although not new these singular and striking manifestations have of late been more carefully studied, the methods of producing them have been more clearly ascertained, and one is glad to notice that, instead of being relegated to non-professional men, they have engaged the attention of some of the physicians most competent to conduct such inquiries and most capable of estimating their results with precision and judgment. Whatever verdict may ultimately be passed on hypnotism there can be no reasonable doubt that certain facts have been elicited which show that in the hypnotic condition profound and extensive modifications occur in the sensory and motor functions of the brain. Now admitting much that has been urged against hypnotism; granting that it is likely to attract the attention of men who have a liking for the marvellous; that it can be practised by men possessed of no scientific training and incompetent to deal with the most refined activities of the nervous system, and that it thus lends itself easily to charlatanism and imposture; granting that it may be attended with danger of a formidable kind and also that its field of therapeutic usefulness is likely to be at best a very restricted one, and its effects probably only transitory; still it is a subject eminently deserving of careful and profound scientific investigation, conducted under the most rigid precautions, so as to exclude intentional or involuntary deception. We do not need to be much

concerned about whether, as has been stated, we have in hypnotism a condition akin to natural sleep, or whether it is in reality a pathological state related to hysteria. What is at present wanted is a clear account of the phenomena which are capable of being produced under its influence. If, as numerous statements aver, hypnotic suggestion can be shown to in any degree affect processes of nutrition and the reaction to irritants, then some points of the very highest interest as regards the influence of psychical on physical processes will have been established. Most of us have been inclined to read with a considerable degree of scepticism the accounts of instances in which obvious physical changes have been stated to have resulted from nervous influence, especially when these changes have occurred in a rapid manner. Should the statements on this subject which have been made so positively and on the faith of apparently cautious and trustworthy observers prove to be authentic we shall certainly be compelled to reconsider our position with reference to them.

The opinion is very generally entertained that the diseases of the nervous system are now more widely diffused and more numerous than formerly. It is somewhat difficult to obtain accurate statistics on this question and not altogether easy to ascertain their precise value, but some facts seem open to no serious question. In Ireland the proportion of the insane to the population has steadily increased. I owe to the kindness of the Registrar-General for Ireland the numbers of those mentally affected as shown in the Census of 1891 as compared with that of 1881. The numbers of the insane including idiots were in 1881, 18,313; in 1891, 21,188; an increase of 2875, although the population has diminished by 453,677. The proportion is 224 to each 100,000 of the population. Even allowing for the fact that emigration takes away in the main the healthy and strong, and that consequently this represents the proportion of insane to a much larger population than now exists in the country, still it indicates a very notable increase. The reports of the Registrar-General for England show an almost uninterrupted increase in the mortality from nervous diseases. Some of this is no doubt explicable in other ways, but on the whole the evidence of statistics coincides with the general opinion among physicians that there is an augmentation. Whether this depends on the increase of causes tending to overwork and weary and exhaust the brain and nervous system we need not at present stop to discuss. Now, even those of us who have no special connexion with the treatment of the insane find ourselves frequently brought into contact with questions regarding insanity. Apart from the mere granting of certificates, which, however, is attended with much anxiety and with heavy legal responsibility, there are the numerous minor forms of aberration in which it hardly becomes a practical question whether they necessitate restraint or not, and there are also the many instances in which general affections produce mental phenomena. Then we have the numerous cases of temporary insanity which are never known beyond the families of the sufferers and the medical men to whom their care is entrusted, as well as the incipient stages of mental disease in which skilful management is of the utmost importance. It was no doubt in consequence of considerations based on these facts that systematic instruction on the subject of mental disease has been adopted by some of the examining bodies as a necessary part of the training of the practitioner in medicine, and has thus become a recognised portion of medical education. I may add that the existence of the Psychological Section of this Association is a further proof of the importance of this branch of inquiry to the medical practitioner.

Now, the study of medical psychology alone is to my mind a very incomplete and inadequate preparation for comprehending the multiform disturbances of mental function and is even more inadequate in respect of either diagnosis or therapeutics and in regard to the expectation of adding to our knowledge of cerebral diseases as regards either localisation or character. I have long been of opinion that some knowledge of psychology proper—that is, of the science of the phenomena of mind in its normal conditions—is absolutely necessary. Without an acquaintance with the problems and methods of psychological inquiry it is impossible to observe and to describe adequately the phenomena of morbid mental states. In the investigation also of those conditions in which the disturbance of a single function is what is most manifest and striking, it is clear that a knowledge of the limits of differentiation of function must be of capital importance. It will be of value also to become familiar with the terms used in psychology, in itself a study of no inconsiderable difficulty and extent. In dealing with such questions as amnesia, aphasia, delusions and hallucinations, and other disturbances of consciousness, we are not only in the sphere of our legitimate activity and of our daily work, but we are touching, not indirectly, on some of the most interesting problems of mind. In examining these questions we get into one of the main currents of modern thought, and have suggested to us some problems which have engaged the attention of many of the acutest intellects of ancient and modern times. Some psychologists refuse to accept any help from physiology, and fortify themselves in the citadel of introspection, declining all external aid. It is said by them that the comprehension of physical processes throws no light on psychical processes, and that these are absolutely heterogeneous. I am not concerned to defend the claims of physiology, which find advocates enough, but in respect of morbid conditions, when we find misery and despondency connected with defective digestion, perversions of the will and deceit attending on hysteria, emotional instability, causeless anger and childish tears and laughter accompanying the later stages of chronic damage to the brain; when, to take a simpler and more transitory influence, we find alcohol leading to the well-known mental exhilaration which attends the early stages of its effect; when we find opium, in those accustomed to its use, producing such agreeable sensations that De Quincey could state: "Here was the secret of happiness, about which philosophers had disputed for so many ages, at once discovered; happiness might now be bought for a penny and carried in the waistcoat pocket; portable ecstacies might be had corked up in a pint bottle; and peace of mind could be sent down by the mail"; when we find all these and many kindred mental accompaniments of physical changes brought to our knowledge we have the strongest motive to attempt the analysis of the material lesion and of its modifications and varieties. Some of our greatest observers attach much moment to the entire and absolute denial of any relation of cause and effect in these events, and they insist on regarding the neural occurrence as merely concomitant with the mental occurrence. Now, we may grant at once that the nexus between them is as yet undiscovered and may be undiscoverable; but in investigating mental phenomena from the physical side we are doing something that can hardly fail to throw light on certain obscure questions, and we need not embarrass ourselves with any considerations regarding the real connexion or relation with each other of these concomitances. For my own part, I may be permitted to say that the progress of psychology is, I think, in a great measure to be sought for at the hands of the members of the medical profession. In physiology I am convinced that pathological and clinical observation have done more than experiment to elucidate function; and in like manner I have little doubt that the study of morbid and limited and incomplete mental and cerebral manifestations will throw a great deal of light on some of the most abstruse questions in the relations of matter to mind. It will be bringing into action the logical method of difference, the ascertaining the influence of the removal of part of the cause on the effect. Now in assisting in the solution of these grave problems I think our function as medical men is in the main a limited although a highly important one. Our obvious duty is to collect such a body of facts as will afford a sure foundation for future generalisations. Besides the states of marked and more or less well-defined disease which enter of right into our nosological classifications we have a wide field in examining into the influences of habit and heredity, the cerebral peculiarities which, more or less transformed, descend from generation to generation, constituting an "innate preparedness" for the development of particular morbid phenomena; the relations between vice and disease; and the question of when criminality implies merely pathological conditions.

I think we should avoid, at least for the present, the more ambitious philosophical attempts which have exercised during many generations a powerful influence on some of the highest intellects of our race. We need not attempt the great metaphysical questions of substance, reality, the nature of consciousness, the ontological nature of space and time, the essence of causal action and the like. The domain of the clinical and pathological observer is a humbler, but, we may fairly congratulate ourselves, a more fruitful one. Just as biology concerns itself with the manifestations of life and puts aside all theories regarding its nature and origin; just as, in fact, all sciences have to resolutely set aside at the beginning a certain number of unsolved questions, so we may fairly relegate these problems to other and more competent

authority. Nor do I think we should gain much at present by attempting to form any wide generalisations. A working hypothesis is no doubt of the highest utility in an experimental science, even if it ultimately comes to need to be corrected or to be altogether abandoned; and, if the facts which come before us were capable of being called into existence or of being modified at pleasure, such a hypothesis might be necessary for our guidance. But we have to deal only with phenomena not susceptible of voluntary modification, and what we have to do is simply to observe them with accuracy and to record them with fidelity. In these observations the materialist, who regards mind as a form of motion in the brain cells, and the spiritualist, who looks on it as an immaterial principle underlying the phenomena of consciousness although acting through the nervous system, can work together in perfect harmony, as the problem is to observe and analyse the phenomena brought before them. Even in this task there are limits set to our observations which it is not easy to surmount or evade. Physiologically it seems improbable that we shall ever be able to identify or to accurately estimate the results of mental activity in the shape of oxidation products of brain substance. The weight of the brain is about 2 per cent. of that of the body and we can hardly doubt that in mental processes only a small portion of the cerebrum is employed at any given time. Besides, we have no measure of the relative degrees of intellectual exertion and consequently cannot express them in terms of potential energy.

The nerve-cell must doubtless be accepted as the ultimate unit of the nervous mechanism and the nerve-fibre plexus as containing or constituting the channels of communication between these elementary units of cerebral activity. When we come to localisation of function, with the exception of the motor areas and Broca's convolution and some further fairly definite areas concerned in disturbances of language, we have little which is well ascertained. If, as is hoped, we can make out that in the brains of the insane special areas are differently and disproportionately affected, it is not unreasonable to suppose that these areas may ultimately be ascertained to be connected with special functions. Charlton Bastian long ago expressed the opinion that the posterior lobes of the cerebrum are the most important for intellectual purposes and this view has received the high sanction of Hughlings Jackson. On the other hand, Bevan Lewis[1] lays down without hesitation the following principle regarding insanity. He states that while acute insanity may be regarded as a very general implication of the sphere of mind, and hence of a widespread disturbance of the cerebral cortex, its morbid results on the brain are decidedly concentrated on the motor or fronto-parietal section of the hemispheres. We learn from these conflicting opinions how little is definitely ascertained regarding the most important developments of cerebral activity. If I might indicate some definite lines on which medical observation might be of the greatest value in elucidating some unsettled problems I should be inclined to name among others the aberrations and decay of memory. For this species of observation no apparatus is necessary and the opportunities are daily offering themselves and most abundantly to the busiest practitioner. Have we as yet any sufficient number of facts to justify the dissolution view of the decay of memory—that is, that in the decay of memory there is a certain definite sequence of events. The law of regression, as it has been formulated by Ribot, corresponds to the general principles of dissolution as a reversal of evolution which have been enunciated by Hughlings Jackson with his usual force and ability. The process of decay would then go on in a regular gradation, from the complex to the simple, from that which has been least thoroughly organised or incorporated into the brain to that which has been most so, from the least to the most automatic of our acquisitions, so that we first forget recent events, then intellectual acquirements, then the impressions which belong to the domain of the feelings, and, finally, how to perform automatic acts. All this, of course, depends on a supposition that a physical modification of some of the very many millions of cells of the cortex of the brain takes place originally in connexion with the mental process which memory revives, this modification constituting the organic basis or anatomical substratum of memory. It is suggested that it is in this way that we can best comprehend the retention of impressions which are for a time absent from conscioness, just as it is the intercommunication of the cells which enables us to conceive how the impressions can be revived. But is this law fairly established? When we reflect on the enormous number of instances in which memory suffers notable, and, so to speak pathological decay in age, it would seem easy to collect and classify such a number of facts as would put this doctrine on a secure footing. But I think this is far from being the case, and the number of exceptions seems to be so great that we may fairly regard this law as at present in this important sphere, unestablished. I have recently had the opportunity of witnessing a curious disturbance of memory in a young medical man, in whom multiple neuritis had arisen in consequence of much and premature exposure to cold after an attack of influenza. Besides the usual paralytic symptoms his memory became greatly impaired. He gradually reached the point of forgetting the year and the month, became hazy about his personal identity, and was doubtful who his wife was, and where he himself was residing. *Nec domus nec placens uxor* was retained in his memory, but he still had a very fair recollection of the leading diagnostic and therapeutic facts about his profession. He had forgotten a great deal, but the platysma myoides was fresh in his recollection, and the differential diagnosis of fluid in the pleura from consolidated lung was retained firmly. These facts, I cannot but think to the no small credit of his teachers, were so organised in his brain that they resisted dissolution.

The phenomena of aphasia, which have been so much studied and about which so many curious facts have been ascertained, bring us in contact with a most interesting problem, the relations of thought to language. It is, I think, doubtful whether without words any continuous reasoning can be carried on, and it is pretty certain that in the absence of the symbol no abstract reasoning could take place. According to the fine illustration of Sir William Hamilton, all considerable progress in thought must be accompanied by a corresponding development in language. "You have all heard of the process of tunnelling through a sandbank. In this operation it is impossible to succeed unless every foot—nay, almost every inch—in our progress be secured by an arch of masonry before we attempt the excavation of another. Now, language is to the mind precisely what the arch is to the tunnel. The power of thinking and the power of excavation are not dependent on the words in the one case or the mason work in the other; but without these subsidiaries neither process could be carried on beyond its rudimentary commencement. Though, therefore, we allow that every movement forward in language must be determined by an antecedent movement forward in thought, still, unless thought be accompanied at each point of its evolution by a corresponding evolution of language its further development is arrested." Now, when we find that a special damage in one situation makes us lose the power of reviving the recollection of the word, although we recognise it when heard; that damage in another region so affects us that the sight of the word does not call up its mental representation, although we see the word plainly; and that lesions in a third region have as their result that the sound of a word will not call up the corresponding idea, although we hear the sound of the word distinctly; it is impossible not to recognise that here we have got a good way in making out the very mechanism of this potent instrument of thought, and it is difficult to see in what other way we could have arrived at a similar comprehension of these complex and refined activities. We learn from facts like these how great a part the observation of the dislocations and derangements of important functions can play in enabling us to better understand the scope and nature of the function itself. Few things are more noticeable in connexion with this subject than the amount of research which is being conducted on the subject of experimental psychology. In this direction much of the best work has been done in the Leipsic psychological laboratory by and under the direction of Wundt, but kindred investigations are being made by various observers. The researches on the intensity and the time relations of sensation and of motor response to stimuli are of the highest interest. They have enabled us to ascertain the time occupied by mental acts, by the reproduction of impressions, by acts of association and by logical judgments. The amount and quality of work done in this direction justify the hope that psychology as a natural science will take its place beside physiology, and that the physical basis of mental activity will be more and more understood and elucidated. I have dwelt, at perhaps undue length, on this aspect of my subject, partly because it has a direct bearing on the relation of medical science to other branches of

[1] A Text-book of Mental Diseases, p. 489.

knowledge and partly because it furnishes a convincing proof of the claim of medicine to take a leading part in the elucidation of important pyschological problems.

Again, to take an instance of how medical experience can correct psychological speculation, we may, even if it be a little ungracious, select an example from the writings of a great thinker to whom many of us are under deep intellectual obligation—Herbert Spencer. This eminent psychologist[1] attributes an importance to the circulation in the brain which physicians would be inclined to regard as excessive. He states that quickening of the circulation in the brain causes a rush of unusually vivid ideas and makes the memory more distinct than usual. He contrasts the illusions of delirium as exemplifying the extreme vividness with which revived feelings may rise when the cerebral circulation is excessive, and the loss of consciousness caused by cerebral anæmia as exemplifying the converse result. Now we have ample opportunity of knowing that anæmia is a fertile source of delirium, as the term "inanition delirium" indicates, and while there is much that is doubtful in that most obscure chapter of pathology which deals with hyperæmia of the brain, we know that it is at least as likely to produce somnolence and coma as it is to produce illusions. If the rapidity of the blood-current were so potent as Spencer supposes physical exercise ought to heighten the receptivity of impressions and there would be even a perceptible increase in the erect as compared with the recumbent position. As a matter of ordinary observation it is found to be difficult to collect our thoughts when the circulation is much accelerated by rapid exercise and hardly possible to carry on a train of reasoning requiring any considerable effort of memory. It has been urged by Schroeder van der Kolk[2] that a free communication exists between the arteries and veins in the pia mater so as to allow a considerable portion of the blood, when the circulation has been quickened, to pass away over the cortical substance without entering its tissue at all, thus avoiding the disturbance which its rapid passage through the capillaries of the brain would cause. In this way, as he has put it, the storm sweeps over the brain without our perceiving it.

I have alluded to this comparatively trivial point to indicate how medical knowledge comes to have a direct bearing on subjects of wider and more general interest and to show also how physicians, by bringing their special knowledge to bear in this way on the solutions of some of the most interesting problems which can engage the human intelligence, can best vindicate the dignity of their profession, which will thus have the fairest prospect of again forming an important factor in promoting the intellectual progress of the race. Nor even in a therapeutic sense will studies of this kind fail to bear fruit in enabling us to deal more rationally and more successfully with the morbid conditions of this important portion of the economy. It can hardly be denied that there is a tendency among the most enlightened members of the profession to attach a less overwhelming importance to the administration of medicinal agents and to have recourse to the employment, instead of them, of what may be called physiological remedies for the treatment of the morbid conditions of the mind and brain. Light, air, nutriment, environment, the warding off of hurtful and the presentation of soothing impressions—these are more frequently and more successfully employed than the large class of nervines, of the remedial actions of which we are not so certain as we could wish. And when we add to these the so-called moral treatment, comprising amusement, occupation and the like, we have enumerated most of the agents on which we rely with the greatest and the most assured confidence. I do not wish to be understood as underrating the numerous and potent additions which have been made of late to our stock of nervine remedies. I like to know that they are being constantly added to and that their actions are being more fully investigated and defined. I regard them in the light of a great arsenal of warlike weapons of the newest construction and the most perfect adaptation to their purpose, kept always ready for use and in a thoroughly efficient state of order and readiness. But as I regard it as the highest and most successful statesmanship not to be obliged to employ these powerful weapons in actual warfare, so we best vindicate the efficiency of our art by having recourse to our armaments only as sparingly as may be, confident, however, that at critical moments and in periods of active disturbance they can be employed with great and admirable effect.

It is a common and easy practice for writers to exercise their wit at the expense of the profession of medicine. Molière and Le Sage have condemned to immortality what was perhaps not a very gross caricature of some forms of practice in their day; but graver and weightier thinkers have lectured us on our shortcomings and have given us much well-meant advice. Now, there is nothing which gives us a higher idea of the ability of the earlier physicians than when we examine the opinions and theories which have been advanced by some of the most commanding intellects of the world in reference to medical subjects, and which are often ludicrous and absurd. The father of modern experimental philosophy, Bacon, brought a charge against physicians that they prescribed in too simple a manner and did not combine together a sufficient number and variety of drugs. It is but justice to say that a number of both ancient and modern therapeutists have applied themselves with no inconsiderable energy to relieve their profession from this reproach. The same great philosopher advised the employment of a peculiar bath to obviate the hardening effects of age, and he hoped by this means to promote longevity and to restore to the rigid frame of age the suppleness and freedom of youth. The bath was to consist of fresh blood, or if that were found loathsome it might be made of milk, butter, yelks of eggs and the fatter kinds of flesh, with oysters and wine, and sweetened with sugar or honey. This extraordinary bath was to be followed by various anointings and frictions. It is hardly to be wondered, when one reads this curious prescription, that Harvey, who was said to have been his physician, remarked of him, "He writes philosophy like a Lord Chancellor." Berkeley recommended, as is well known, his wonderful tar water as not only capable of remedying bodily disease, but as having a valuable influence on the understanding, an effect of matter on mind which we would hardly have expected from the great master of idealism. "Nor is it only useful to the bodies of infants," he says, "it hath also a good effect on their minds, as those who drink it are observed to be remarkably forward and sprightly." When we remember that at the time this passage was written Cullen and William Hunter were teaching medicine and anatomy we have no reason to think that the physicians of that day had much to learn from the metaphysicians. Kant, the most profound speculative genius of Germany, was strongly opposed to vaccination, which he called "the inoculation of bestiality," and he was enthusiastic about what he regarded as the great discoveries of Beddoes regarding the prevention and cure of consumption. One of these discoveries was the use of digitalis as a remedy for phthisis, which Beddoes regarded as opening out a brilliant era for humanity, as in his hands it cured a large number of cases.

Now, when we see the notions which existed on the subject of medicine among these great and highly endowed thinkers we can form some idea of the views which would in all likelihood find favour among the masses of mankind and the effects to which such views were likely to lead, and we can form, too, a fairly adequate notion of the superiority on their own ground of the contemporary leaders of medical science. We can see, too, what important services legitimate medicine has rendered to the world, even if it had only the negative merit of protecting mankind from disastrous and ignorant meddling. Physicians cannot accept the position of mere *curiosi naturæ*; in presence of serious disease they must act with the best means they possess. Failing in this duty they would be justly liable to the reproach of Mephistopheles:—

> **"To grasp the spirit of medicine is easy,**
> **Learn of the great and little world your fill;**
> **To let it go at last, so please ye,**
> **Just as God will."**

We must always remember that it is by its utility to the world that medicine must ultimately stand or fall, but we must use the word utility in its widest signification as comprising, on the one hand, all the special activities of our profession in preventing or mitigating or removing human suffering, and on the other all its incidental advantages in aiding the development and progress of human intelligence by taking its position along with other members of the group of sciences of observation. It is to be regretted, but I fear it is inevitable, that the study of the old humanities must be curtailed and must even in some measure disappear from medical education. Greek seems doomed past recall, and it will perhaps be possible to say at some future day of the

[1] Principles of Psychology, vol. i., p. 237.
[2] Mental Diseases, translated by Rudall. London: Churchill, 1870, p. 36.

medical profession, as Petrarch said of Italy in the fourteenth century, that it did not contain more than ten persons who could appreciate Homer. And yet, in putting aside Greek, medical men will miss some of the finest products of the human intellect moulded in the most perfect form. Many of those who take an interest in the study of the subjects I have been imperfectly advocating will be glad to be reminded of what is surely one of the most touching passages in ancient literature, that in which the scene before the death of Socrates is related in the Phædo of Plato, when the illustrious old psychologist after his fetters had been removed began to bend and rub his leg where the chain had galled it, saying as he rubbed: "How singular is the thing they call pleasure and how curiously related to pain, which might be thought the opposite of it; for they will never come to a man together and yet he who pursues either of them is generally compelled to take the other." Our psychologists are to-day still busily engaged in investigating the same problem.

Latin will make a harder fight to maintain its place and will probably succeed in retaining it. If it should fail it will be impossible not to feel a profound sense of compassion for the physicians of the future if they are never to be admitted to the simple feasts at the Sabine farm at which educated men have been charmed guests for so many generations, or if they are never to feel the beauty and finish of the hexameters of Virgil. I do not suggest that grace of style or elegance of diction is to be regarded as of intrinsic value in medical writings—

Res ipsa ornari negat, contenta doceri.

Works on a subject so changing as medicine are destined to a comparatively brief existence and any prolonged or anxious care devoted to their form and finish would be alike unnecessary and fruitless. The classical Latinity of Mead and Heberden has not saved their works from all but total oblivion. The same fate is destined, at no remote date, to overtake the eloquent periods of Latham and the charming lectures of Sir Thomas Watson — lectures which surely not merely early prepossession which makes me regard as among the finest English prose of the generation which witnessed their publication. But good writing satisfies the literary conscience of the author and gives a not altogether undesirable pleasure to the reader. The pursuit of literature is everywhere being regarded as less necessary—and we must be of our generation—and from a utilitarian point of view it is impossible to give more than a passing regret to those branches of learning which have so long been regarded as the stamp and evidence of culture. What with unconscious irony are called the paying subjects are brought more and more prominently forward in general education and those studies which bear on professional training will ultimately prevail to the comparative exclusion of all others. But it must be also borne in mind that it is not by the mere accumulation of scientific facts that the physician of the future will gain his most valuable training. It is by those studies which develop and heighten intellectual energy and aid in forming and promoting that flexibility and grasp of mind which enable it to deal with the varying problems which medicine presents in such abundance. It was remarked by Dugald Stewart that Locke owed some portion of his success as a psychologist to his medical training. "No science could have been chosen more happily," he observes, "to prepare such a mind as that of Locke for the prosecution of those speculations which have immortalised his name; the complicated and fugitive and often equivocal phenomena of disease, requiring in the observer a far greater portion of discriminating sagacity than those of physics, properly so-called, resembling in this respect much more nearly the phenomena about which metaphysics, ethics and politics are conversant."

It will always also be of great aid to the physician to be able in dealing with those committed to his care to recognise the influence on them of ideas of hope, of confidence, of endurance; to be able to deduct from their complaints what is the result of an impressionable nervous system and what of pure imagination; to solve, as nearly as may be, the personal equation. These capabilities will supplement beneficially the most refined and accurate physical diagnosis. We need not doubt that the multiform aspects of disease, following, as they do, closely on the track of all the numerous and diversified forms of human energies and activities, will afford ample scope for the freest exercise of the highest scientific faculty as well as for the employment of the most minute and patient observation. The tendency of the medicine of the future will no doubt be in the direction of greater specialisation. Physicians and surgeons will devote themselves more and more to the cultivation of a limited portion of the vast and always widening field of knowledge. Medicine must adapt itself to the varying necessities and requirements of the world. It must prove itself capable of supplying the wants of a civilisation rapidly becoming more complex in its development and therefore more varied as well as more exacting in its demands. It must press into its service all knowledge, physical and mental, likely to aid in the furtherance of its mission; accepting the help of its sister sciences, but allowing itself to be dominated by none of them. It must be alike flexible in its methods and steady in its aim; and it must be at once cautious and aspiring, always sane in practice, while bold in speculation. But at the same time it behoves all those concerned in its guidance, or responsible for the instruction of those who are to become its members, to bear in mind its position as one of the main supports of the tripod of learning, as one of the great factors in the intellectual progress of humanity; being well assured that it cannot sacrifice any portion of its intellectual elevation and dignity without a corresponding sacrifice of its truest and most practical usefulness.

Address in Surgery,

Delivered at the Meeting of the British Medical Association at Nottingham.

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SYNTHESIS IN SURGERY.

GENTLEMEN,—It has been found by some of my predecessors in this rostrum that the advances in surgery have been so great and so important that to follow them at all closely in their many ramifications would be impossible. This difficulty seems to have occurred to my immediate predecessor, the learned Edinburgh surgeon, Professor Chiene, who in his admirable address, turned at once, and for relief, as it were, to surgical rest. But the rest, aptly termed surgical, for which Mr. Chiene, following Mr. Hilton, had secured so much attention was objective. Methinks that with this much needed surgical rest there runs *pari passu* a surgical unrest which is subjective and which will be my text for a moment. On this, the eastern side of the Atlantic, where in every branch of commerce, in every trade and handicraft, in every liberal art, in every learned profession, the lines which divide the work to be done by each are, for the most part, clearly and distinctly traced, the steady agitation of life is marvellous, and would seem to favour the view long ago expressed by De Quincey that solitude was, even in his time, becoming a visionary idea in this country. Yet to me it appears life here is calm, quiet, placid when compared with that on the western continent. Here there is time for easy and familiar intercourse; there it is grudgingly given. Here you leisurely perform the functions necessary for the repair of wasted tissue and the reception of food; recreation and sleep have their due time allotted to them; there they are unduly curtailed as things which might be realised and converted into currency. This state of unrest everywhere—but especially in the western world—is not favourable to the surgeon, the full capacities of whose intellect are not unfolded without sufficient occasional leisure and thought and retirement, all of which are, in some measure, denied him in our new and over-active world. With you, as with us, but, as it seems to me, not so much with you as with us, the average surgeon of to-day is less a man of thought than a man of action. He is constantly liable to disturbance, either from the particular character of his calling or from the agitation of all around him, of which he soon partakes. He is made to eschew the more meditative habits which would the better fit him to weigh well and to adopt or reject what should be adopted or rejected without reference to authority or without being swayed by the influence, not always safe and reliable, of superiority of position or of condition.

Perhaps at no time in the history of our art have the facilities been greater everywhere than they are at present of

arriving at conclusions which may not be intelligent and of being misled by representations which may not be strictly true. In the few intellectual centres in ancient times opinion was gradually formed in solitude. It advanced in regular progression and from mouth to mouth, as it were. To-day, with steam and electricity and the wondrous and unceasing development therefrom of vast physical agencies men are brought nearer to each other. Truth to-day travels with the speed of lightning, but error also and with like rapidity. Opinion formed in a large centre acts especially on the imagination of those around and more powerfully still perhaps of those at a distance. It does not always convince, but it impresses; and, quoting the words of a classical writer, it has the force of authority rather than of reason, and concurrence in it is not always an intelligent decision but a submission or belief. Our minds are often misled by misrepresentations and they remain misled till other and true representations put them right again. Surgical opinion, in an especial manner, is at first and for some time what seems to be thought by everyone in general and by someone, or perhaps no one, in particular. An opinion hurriedly expressed by eminent or even prominent, or perhaps only self-beguiled, authority is adopted; it is propagated, it becomes the opinion of the general body; and although we may have resisted the influence of the individual authority in the first instance we finally succumb to the voice of that general body of which we are constituents—each part having, without perceiving it, perhaps done its share in diffusing truth—it may be in extending error. The views on surgical questions, expressed ere they have been fully considered; hasty reports of surgical cases and premature records of surgical operations—especially if they have been bold and novel—when published within a few days of their performance, are often misleading. Had the publication of so-called successful cases in medical journals for its sole object the elicitation of truth error in time would be of small moment. The haste in publishing enables the operator to send copies broadcast over the land as a bid for like operations. Is the journalist quite blameless in facilitating the premature publication of cases which had left, it is true, the hands of the surgeon or the surgical ward of a hospital to terminate fatally in the hands of a medical practitioner or in a medical ward from the direct, though perhaps not immediate, result of surgical interference? Would that that tutelary deity who is supposed to preside over medical journalism would so ordain that there be a little less hurry, a little less zeal in taking the public partially into one's confidence, and in publishing successes while they are yet problematical. Readers of the journals of both hemispheres have occasionally noticed in yours a greater precision in reporting cases and in stating facts than what obtains always in the western world. You do not so often indulge in unknown quantities and dates, and other circumstances are stated with greater fulness. I have noticed the same features in your discussions. An absence of that precision in America must not, however, be allowed to take from the value of a report. It is due in great measure to the hurry and unrest, the variety of fatiguing work a surgeon is called upon to do and the difficulty, even in cities, of having properly qualified clinical assistance. Outside of well-organised hospitals there are well-qualified nurses for the rich—their services are beyond the reach of the poor—and they append the temperature and pulse chart; but beyond this there is often no record till the case is finally summed up by the surgeon, when the feature of treatment is added. Men of action, who have left and are leaving the impress of their intellect in the more practical departments of our art, have been obliged to search in their visiting list or their day-book, where the more methodical arrangement of your work enables you to be more precise. Sometimes the facts are drawn from memory and, for all that is essential, correctly drawn, though dates and other precise circumstances are often wanting. It is from this hurried manner of reporting cases that doubt is sometimes felt of their credibility when given without reference to minor parts which are not considered essential to their truth. The older members of this Association can recall how the statement was received from America some years ago that a crowbar had been driven through a man's skull without killing him, and how brain matter had been found adherent to the strong bar of iron at a distance of many feet. The number of feet was not given (I cannot give it now), but the statement nevertheless was true, even without the lesser detail of distance. Many of you will remember how little disposed you were to believe that a sponge probang, charged with solution of nitrate of silver, could be got beyond that watchful sentinel, the epiglottis, and be applied to the larynx. Who doubts it now? The same may be said of Sayre's assertion, discredited at the time, that after excision of the bones of the hip-joint the joint could be so arranged that the little patient could be borne from one place to another and without injury. Many of you have seen Sayre's work.

Were I disposed to dwell on American surgery I could greatly multiply instances of this kind, but that is not my purpose. I shall merely add that it must be apparent to readers on this side of the Atlantic and to those who have visited the western hemisphere that the American surgeon arrives, in his own way and with marvellous celerity, at the chief points in a case—at its gist, its essence, so to speak—by a process which may not be strictly called logical, but which partakes rather of an intuitive intellectual judgment or perception. He seems to recognise truth, or something he takes to be truth, without any elaborate process of ratiocination. This marked quality in the American mind renders him prone to eclecticism, not alone in medicine and surgery, but in philosophy and even in matters of theology sometimes. The relatively greater freedom from death which Valentine Mott, more than half a century ago, claimed for surgical operations performed in New York and Philadelphia I claim, and more advisedly claim, for operations performed in the larger cities of Canada. The inflammations which sometimes follow surgical procedures with us are indeed accentuated and are marked by much elevation of temperature, but the character of those inflammatory processes is of a simpler, plainer, more sthenic type and not of that irritable form which so often perplexes hospital surgeons in the larger centres of Europe. The climate of Canada has much to do with this. In many parts of Great Britain mortality, from all causes, increases with the decrease of temperature; with us it is the reverse Our winter season, with the temperature of St. Petersburgh, is the healthier; spring and autumn come next in salubrity; while the largest mortality is in July and August, when the temperature is that of the same months in Paris. At certain seasons the atmosphere is so dry that the meat of the buffalo and the red deer, when cut into strips and dried in the open air, may be reduced to powder, forming the pemmican which often alone sustains the aborigine in his wanderings. When you add to this condition of climate the simple frugal habits of the people—well fed, well clothed, well housed—where, like Longfellow's Arcadian, "the richest are poor, and the poorest live in abundance," you have a sturdy energetic race who display much power of resiliency when their injuries demand the intervention of surgery. It is, moreover, a people subject to few ailments, and these are of a sthenic inflammatory type. Thorough acclimatisation is found to confer additional immunities. Those who can count the greater number of generations born in Canada are the healthier, while those undergoing the process of acclimatisation do not suffer in the processive state. These remarks do not apply to the descendants of the aborigines who have been allied to the whites. The inflammatory affections met with in the *métis*, whether of the French with the Huron or of the Scotch with the Cree, are for the most part of a strumous type, presenting but few of the characteristics of those affections in the people of either progenitor. There are no surgical diseases in Canada which have not their counterpart in every portion of Europe, two alone excepted, when, in the words of Milton,

> "the parching air
> Burns frore, and cold performs the effect of fire."

Frostbites are met with (among the non-acclimatised chiefly), and when snow covers the land the *mal de raquette* is complained of by those who suddenly, and without preparation, are called upon to make long and hurried journeys on snow shoes. Aneurysms are not common in Canada; chronic rheumatic arthritis is seldom met with; rickets, which the Germans still love to call, yet they cannot say why, "Englische krankheit," is scarce; strumous ophthalmia, which is so constantly seen in the hospitals of Vienna, London, and Glasgow, is not frequent; and in cancer, especially of the breast, the glandular system is not generally primarily affected, affording thereby a fairer chance of freedom from early recurrence of this disease. I allude to this illness advisedly, as I observe that some of your more distinguished surgeons counsel removal of the axillary glands in all cases of scirrhus of the breast—advice which, from my experience in Canada, I am not disposed to follow.

It is true that on the eastern coast of New Brunswick in

Canada a few lepers are met with in the lazaretto there, but the disease is not indigenous to the soil. Nearly a hundred years ago two shipwrecked sailors were cast ashore at a place called Tracadie. They were the subjects of leprosy. A French-Canadian woman gave them shelter. She washed their linen, contracted that pitiless disease and transmitted it to her children. These marrying, a small colony of lepers was formed. The number was at one time about seventy, but is now diminished to twenty-two, under the care of the sisters of charity from the Hôtel Dieu Hospital of Montreal. Outside those walls there is no disease peculiar to the country. As acclimatisation effects certain changes it affords also certain immunities from which those not similarly circumstanced cannot expect to benefit. The acclimatised bear injuries well. Living in a simple primitive state they require occasional aid from the surgeon and less from the physician. Colonists in thinly settled districts sometimes send long distances for surgical aid in cases of hernia or dislocations. The *ramacheur* or *rebouteur*, as he is styled, is supposed to have an intuitive knowledge of broken bones, and how best to replace them. In dislocations, however, these men are less fortunate; and although their practice is invariably to find a small bone out of joint, which they incontinently proceed to reduce with an audible snap (of their own hidden thumb and finger, be it added) they do not attempt to reduce dislocations of the larger joints. I once had a case of dislocation of the hip of fourteen weeks' standing brought to me a distance of 1500 miles. It took that period of time, after the *rebouteur* had done with the sufferer, for him to reach Montreal in a box like a closely-fitting coffin. The padding was so perfect that movement of either limb or body was thoroughly prevented during a rough journey extending over six weeks. Domestic surgery in civilised countries might in some things learn a little from the primitive methods of our aborigines. For instance, the treatment of the newborn by the latter is judicious. The yielding abdominal walls are never compressed by an unyielding bandage, and the young bird in its nest is not more comfortable. As the varied movements of respiration are not impeded, the infant cries but seldom. It never suffers from the local troubles as the children of the whites often do. The urine is carried beyond the infant's person if a male, by an ingenious mechanical support which directs the stream. Feculent matter is received into dry moss, which is to be found in large quantities in every wigwam where there is an infant. If in the depths of the forest an Indian breaks his leg or arm, splints of softest material are at once improvised. Straight branches are cut, of uniform length and thickness; these are lined with down-like moss, or scrapings or shavings of wood, or with fine twigs interlarded with leaves, if in summer; or with the curled-up leaves of the evergreen cedar or hemlock, if in winter; and the whole is surrounded with withes of willow or osier, or young birch. Sometimes it is the soft but sufficiently unyielding bark of the poplar or the basswood. Sometimes, when near the marshy margin of our lakes or rivers, the wounded limb is afforded support with wild hay or reeds of uniform length and thickness.

To carry a patient to his wigwam or to an encampment a stretcher is quickly made of four young saplings interwoven at their upper ends, and on this elastic springy couch the injured man is borne away by his companions. When there are but two persons and an accident of this nature happens to one of them, two young trees of birch or beech, or hickory are used. Their tops are allowed to remain to aid in diminishing the jolting caused by the inequalities of the ground. No London carriage maker ever constructed a spring which could better accomplish the purpose. A couple of cross bars preserve the saplings in position and the bark of the elm or birch cut into broad bands and joined to either side forms an even bed. In this way an injured man is brought by his companion to a settlement, and often it has been found, on arrival, that the fractured bones are firmly united and the limb is whole again. This is effected in less time than with the whites, for the reparative powers of these children of the forest are remarkable. In their plenitude of health osseous matter is poured out in large quantity, and firm union is soon effected.

[Dr. Hingston here showed a femur of an aborigine in which the osseous matter was so profuse as not only to unite the fracture, but to form a bed on which the tuberosity of the ischium was made to rest.]

The healing powers of the aborigines when injured are equalled by the wonderful stoicism with which they bear injuries and inflict upon themselves severest torture. They are accustomed to cut into abscesses with pointed flint; they light up a fire at a distance from the affected part (our counter-irritation); they amputate limbs and sometimes they amputate their own limbs with their hunting knives, checking the hæmorrhage with heated stones, as surgeons were accustomed to do in Europe in the time of Ambroise Paré, with more *sang froid* than many young surgeons will display when operating on others. The stumps of limbs amputated in this primitive manner are well formed, for neatness is the characteristic of all the Indians' handiwork. The aborigines are familiar with, and practise extensively, the use of warm fomentations. In every tribe their old women are credited with the possession of a knowledge of local bathing with hot water and of medicated decoctions. The herbs used are known to a privileged few and enhance the consideration in which their possessors are held. The Turkish bath, though in a simpler but not less effective form, is well known to them. If one of their tribe suffers from fever, or from the effects of long exposure to cold, a steam bath is readily improvised. The tent of deer skin is tightly closed, the patient is placed in one corner, heated stones are put near him and on these water is poured till the confined air is saturated with vapour. Any degree of heat and any degree of moisture can be obtained in this way. Europeans often avail themselves of this powerful sudatory when suffering from rheumatism. The aborigines have their herbs—a few, not many. They have their emetics and laxatives and astringents and emollients, all of which are proffered to the suffering without fee or reward. Now and then the surgeon of practical trend of mind has opportunity to turn this quality, essential in a new country, to advantage. I could in illustration relate many instances, but shall confine myself to one or two. My predecessor in the surgical clinic, the late Dr. Munro, an eminently practical surgeon, was travelling in a wild part of the country when he was asked to see a man suffering from retention of urine. Munro had no catheter with him, and many miles interposed between him and an instrument and the roads were wellnigh impassable. He looked around the log cabin for something wherewith to enter the bladder, but saw nothing. He noticed, however, that the floor was cleanly swept and that implied the use of a broom. He asked to see the broom. A corn broom was brought to him and with it he soon entered the man's bladder. How? some will ask. With the handle? No. With the corn tops? No. He had noticed that the corn tops were bound to the handle with wire; this he quickly unrolled, made a loop at the free end, and as he unrolled he straightened the wire by putting his foot into the loop, bent a piece, gave the double end a slight curve, and passed it easily into the bladder. The free ends which remained without the body separated somewhat, and the pent-up fluid passed between them. It is not always that the devices which were found to be successful in an emergency are put aside for something which might be better though not so primitive. Some years ago I was present at a meeting of a medical society, not in Canada, 'tis true, but in one of the more western of the United States. A gentleman from one of the large centres had exhibited an instrument for removing foreign bodies from the nose. He extolled its advantages, was applauded, and everything promised well. I noticed, however, a smile on the faces of many present when a small nervous man advanced somewhat briskly to the platform. I wish I could give you anything like a faithful sketch of his manner. His style was sharp, his language terse, and personal pronouns were used most sparingly. He commenced somewhat in this fashion: "Mr. President,—Much obliged to the gentleman from the city. Long distance for him to come to show us this instrument; long distance for us out here to send for one when wanted. Now, when called to see a child with a cherry or any other kind of stone, or a pea, or a bean, or a bead, or a button in his nose, not going to send all the way to the great city for this instrument, and for the professor to come with it—for that's what it means. Can do without both. Wherever there's a boy with something in his nose that has no business to be there, there is sure to be a woman in the neighbourhood, and wherever there's a woman there's sure to be a hairpin. Now, with the boy and his nose and something in it, and the woman with her hairpin and a live doctor and his jack-knife, nothing more is wanted. Now, with the jack-knife, half open, bend the double end, coax this bent end along the roof of the nose, raise the wrist a little, and withdraw with the bent end well down, and if one of the child's toys is there it's safe to come. Wouldn't give that instrument (he had made one while addressing us) for the instrument of the gentleman from the great city, and it don't cost as much money. There's not enough of that in the backwoods for the Professor."

Returning from this digression, although allusion has been

freely made to the primitive manner in which surgery is sometimes practised in Canada, it would be an error to conclude that such is by any means its general state. In the larger Canadian cities surgery in every department is pretty much what it is in the more favoured centres of Europe. There is with us as much refinement in diagnosis, as much dexterity and courage in performing surgical operations, and as much nicety in the technique. All the cavities of the body, brain, chest and abdomen have been explored and the diseased organs operated upon. Canada follows Europe closely, very closely, in all her work. She has had the boldness—may she be pardoned—to precede Europe in some departments of surgery. The tongue and lower jaw were together first removed in Canada; the innominate and the gluteal arteries were first ligatured in Canada; and the credit of the first nephrectomy, which writers give so generally to Germany, belongs to Canada and to Montreal. But why should Canada be in any way behind? The better classes of her students, not content with receiving instruction in their own medical schools, pass one, two and sometimes many years in Europe before commencing the practice of their profession in Canada. London, Dublin, Edinburgh, Paris, Vienna, Berlin are never without a contingent of young Canadian graduates, and, as you well know, many of our medical practitioners periodically visit Europe to add to their stock of acquirements and to renew their zest and relish for professional labour.

The erection of hospitals has in later years been with us the work of individual effort and of private subscription. Hospitals are met with in all large cities in Canada and sometimes even in the smaller towns. The last hospital erected in Montreal—the Victoria—is the munificent gift of two of her citizens. The first one—the Hôtel Dieu—is the outcome of female love and heroism. The history of the latter is so strange, so unusual, that I may be pardoned if I allude to it at length. When Jacques Cartier returned to France after his discovery of Canada the news of his exploit travelled over France as quickly as was then possible. A French girl, described as young and beautiful, became impressed with the thought that the newly-found country should be the scene of her labours. She succeeded after a time in fitting out a small barque, with money furnished by a Madame Bullion, and with twelve sailors crossed the Atlantic in the spring of 1641. The sea voyage to Quebec occupied three months; it can now be accomplished in one-fifteenth of that time. The journey from Quebec to Montreal by the St. Lawrence, which can now be performed in a night, then occupied eight days. Miss Mance's barque came to anchor at a projecting point off the island of Montreal, then called Hochelaga. Hochelaga was then the *chef-lieu* of the warlike Huron. They looked with amazement at the advent of pale-faced men and one pale-faced woman—for she was alone of her sex. They soon recovered from their surprise, however, and it was necessary for the colonists to throw up as quickly as possible wooden palisades on the land or rear approach; the big canoe, as the barque was styled, was a sufficiently imposing defence in front. If a colonist ventured beyond the palisades to gather fruit or berries or to cut wood he ran the risk of being pierced with arrows. Half of the first colonists perished in this manner and Miss Mance was obliged to go back to France in 1649, returning with other recruits; and again in 1658, leaving France with twenty male and female recruits, half of whom died on the voyage of a form of plague. In their attacks on this small force some of the red men were wounded in return and, when deserted by their comrades, they were brought within the palisades to what they and their tribe considered—according to their own custom in warfare—certain death. They soon found the hospital to be a place of woman's tenderest solicitude. When the red man's wounds were healed a repast of dog's meat was prepared for him and he was permitted to rejoin his tribe to tell what the pale-faced maiden had done for him. It need not surprise us to be told that in the presence of such devotion the warlike Huron soon forgot his ferocity.

A few years later it was necessary for the small colony to move a few hundred yards inland. Word went throughout the Huron camp, and before the hour of departure the aborigines had strewn the ground with leaves and branches of trees and wild flowers, saying the earth was not fit to receive the tread of these women. In this way our first hospital was established, and in this way the light of Christianity was brought to the island of Montreal. Here is how it has been sustained. Miss Mance had obtained from the French king a deed of gift in perpetuity of the small piece of ground where she had landed, which at that time was valueless. It became, however, in the course of time the centre of the village of Montreal, and eventually the commercial city clustered around it. A century and a third ago, when Canada passed from the rule of France to that of Great Britain, respect was paid by the conqueror to the rights originally conferred by the French king; and the hospital, which at first had but the aborigines for inmates, received within its walls, as colonisation went on, persons of every succeeding nationality. For upwards of a hundred and fifty years after its foundation it alone afforded asylum to the sick and wounded of Montreal. How many from these shores, when sick and disabled, have received maternal care! How many of your children, then, in that then far-off land, have had the pillow of death smoothed for them, and without fee or pecuniary reward! And the same continues to this day; for the property preserved to them by a wise conqueror has, with economy, sufficed for the wants of the institution without municipal aid or Governmental patronage. Between the foundation of this our first, and the Victoria, our last, hospital, other hospitals have been erected—chiefly the Montreal General Hospital, the Western, and the Notre Dame; and all that generosity on the part of the public and zeal and ability on the part of the staff can effect are prodigally bestowed.

In my desire to place before you—and the occasion is so rare—a sketch of what relates to professional life in your greatest colony, I fear I am being beguiled beyond the reasonable and the considerate. I shall turn for a few moments to what you in the Old World and we in the New have a common interest, the division of professional work. There was a time, not yet in the far past, when the human body, in its entirety, came within the scope and purview of the medical practitioner. As the knowledge of cause and effect in medicine became more fully understood; as facts were multiplied and methodically arranged; as the art of healing became so fully developed as almost to permit it to substitute its precepts and rules and directions for those principles which are fundamental, and which belong alone to science; and when morbid anatomy opened a new and practically an inexhaustible field of inquiry, many men gave themselves up almost exclusively to a particular branch or section of medical knowledge, and pursued it with such zeal and ardour—not always, perhaps, for the sake of knowledge, but by some (let us hope not often) for the sake of its productive application—that to synthetise and unite again under a common head parts which have been segregated now seems to be almost impossible, even were it advisable, and for two chief reasons:—1. When in our profession men of energy devote themselves to any branch of knowledge, and apply their minds with continued attention, they cease to realise that, beyond and around them, there are other branches of our art which are of the same origin, which partake of the same nature, and which cannot be divorced from each other without mutual injury. 2. Although reputed pre-eminence in one department of surgery is admittedly a hindrance to advancement in any other department of the same art, and although pre-eminence narrows the horizon around the worker and limits the scope and extent of his work, the one so cribbed and confined within those narrow limits and who obtains pre-eminence within those limits is more surely advanced than is one not so restricted. "The very narrowness of a man's claims," says a classical writer, "by making them definite and appreciable is an advantage. The advantage lies in doing a thing which has a name—an appreciable name—and the narrower is the art, the more appreciable are the degrees of merit in that art." One so restricted, provided he excel in his narrow sphere, "will find himself a privileged man in comparison with the philosopher or the very largest and amplest intellect that ever nature endowed or education expanded."

Nowadays it is difficult for men, even of superior intellect and of liberal knowledge, to avoid being drifted away into one or other of the narrow streams leading into or from the general highway of surgery, and becoming so absorbed in the pursuit of partial truth as not to perceive that it is wanting in many parts; that it is incomplete, unfinished and defective, and can only obtain wholeness when facts are arranged and when phenomena, however distinct they may appear to be, are brought under a common law. No separate department of surgery when isolated from its surroundings for the purpose of inquiry can of itself become an art. I cannot emphasise this too strongly. It is only when the mode of its reticulation with those around it is understood that any particular or special object of pursuit in surgery can hope

to be dignified with the name. Each part, each division, each subdivision—in a word, each speciality—is as the separate clauses in a sentence, which are essentially "architectural parts, aiding, relieving, supporting each other." As an illustration let me take for a moment the real or fancied disturbances of the functions of certain organs often considered to be the most important of all the organs, compared to which, in the minds of some, the rest of the body (female I mean) is a mere appendage. In many places men have been bold in taking liberties with them, removing them sometimes as if they were of themselves particular or distinct entities, unconnected with or uncontrolled by, and having little relation to, a thinking faculty of mind which readily receives impressions, which is easily affected by sensations and which is quickly disturbed by emotions and passions. Has not quackery gained, has not poor woman lost and has not our profession suffered in honour and dignity by the refusal or neglect of the surgeon to seek for parallelisms and comparisons in other departments of the art? or perhaps, as it sometimes happens with uninformed minds, by the inability to consider any question by a process of mental abstraction, without which science—i.e., knowledge of laws and principles and relations—does not exist. Is it not the tendency of many other departments or segments of our art to take a part for the whole and to give to that part a width, an extent, to dwarf into littleness the limit or exterior line of all other departments? Gentlemen, the exclusion of what is cognate diminishes the value of what is accepted in direct ratio to the value of what is excluded. As the process of analysis has gone on till we can scarcely expect to see it greatly extended, it may occur, it has occurred, to many to ask: Is it not time to hark back upon our course and see if, in the interests of the public even, as well as of our art, a more general synthetising is not desirable, when the approximation of parts which have been divided and which have been kept too much asunder should not be aimed at? As long ago as the second decade of the present century honest John Abernethy, in his remarkably practical essay on the Constitutional Origin and Treatment of Local Diseases, said an evil seemed to him to have arisen "from the artificial division of the healing art into the medical and surgical departments. This division," says he, "has caused the attention of the physician and the surgeon to be too exclusively directed to these diseases which custom has arbitrarily allotted to their care." But medicine then was one and surgery was one. What would Abernethy say to-day when each section of the human body is apportioned and allotted, and when, paradoxical as it may seem, each part is often considered to be greater than the whole? Whether a mixed or an unmixed good—and I shall not stop to discuss the question—the art of surgery is becoming more and still more divided into an ever-increasing number of special or particular branches of study or pursuit, each branch having its respective province or domain, which, it cannot be denied, is sometimes kept more distinct by an exaggerated interpretation of its importance. Yet each must ever remain cognate to, and in close relationship with, every other department of the art, for there are no limits or boundaries to their various departments, and a seemingly intimate acquaintance with one and a total nescience of others are crass ignorance of all, for "all are but parts of one stupendous whole," as the poet puts it. I hope this will not be understood as an expression of a desire to interfere in any way with the pursuit of any particular course, however narrow it may appear to some, however vast to others. My desire is to extend the horizon of each, not to narrow it, and to show that all branches of our art are cognate to each other. So long as there is division of labour there must, indeed, be division of thought; but the narrow limits and boundaries endeavoured to be established are arbitrary. Part is intimately connected with part and a full knowledge of the functions of any part and of its derangements can be had only by those who have a general knowledge of the disposition and arrangement of other parts and their countless and never-ending relations to one another in that wonderfully constructed whole—this body which we inhabit.

In view of what has been said I am impelled to ask, Has the candidate for admission to the study of surgery that mental outfit which would enable him to weigh well the facts and circumstances as they will be presented to him in professional life? Or is it not too frequently the case that his memory has been loaded—overloaded—with material for the most part ill-digested, but with a modicity of knowledge which might be termed liberal, and perhaps, withal, with an absence of logical inference as an instrument of truth. Memory, however retentive, and stored with facts however great in number, never alone in our profession raised its possessor above mediocrity and retained him there, save when the science of causes and principles was understood, and when philosophy could be invoked wherewith to analyse facts and to place them in relation to other facts which an irrational eye could not see, and which the unphilosophic mind could not understand. Of course I speak not of genius which is trammelled by no law save that which belongs to genius. Never, perhaps, in the history of surgery has the necessity been greater than it is at present to furnish those who are to devote themselves to the art of surgery with an adequate mental outfit, to enable them to say what surgical ailments are by their relations to other phenomena, and to recognise the "consent of the whole constitution with its parts and with other parts which may appear to be remote, but which can never be considered quite separately and without reference to an unfailing sympathy, continuous, contiguous or remote." Accompanying each part or section of the art in its remotest, most intimate penetrail, the facts there gathered, the phenomena there observed, are but segments or fragments of a greater part—of larger phenomena—which the logical mind alone can fairly interpret; for it alone can apprehend these facts and phenomena in their various bearings and relations, in their "strong connexions, nice dependencies," as the poet puts it.

Here let me say I mean by the word "liberal" not classical, but something more than classical and never without it. It is urged by those who know not or who value but little the advantages which a liberal education confers on its possessor that it is remote from the use and tenour, the needs and occupations, of life, and can be well done without—that its utility is not apparent, that its profitableness is questionable. Looking at the question from a financial aspect—and that aspect obtrudes itself nowadays into every question—a liberal education may be fruitless in money-getting, it may be inconvenient at times when men wish to be untrammelled in their interpretation of the duties of life or may wish to act without reference to any standard of efficiency, or even of honour or of dignity. Physicians and surgeons have, in every country and in every age, been amongst the most learned and the best informed. To-day the difficulty of preserving that distinction is greater than formerly. Education, at one time confined to the few, is now possessed by the many, and while the separation of professions and division of labour tend to the perfection of art, says Dr. Copleston, the same learned authority adds, "but, although the art itself is advanced by this concentration of mind in its service the individual who is confined to it goes back." Is not the conviction sometimes forced upon us that he was right? It may seem strange to some of you that, coming from a country where schools are thought to be sparsely established and schoolmasters not always easily procured, I should not wish to have the status of classical education lowered. On the contrary, we in Canada would say to you in Great Britain, Elevate your standard of classical attainments and we will raise it with you. Require from aspirants to professional honours that most extensive and varied knowledge which, for want of a better term, we call liberal, and we too shall demand it. We are demanding it now. Acting independently every few years as circumstances permit, we demand more and more from candidates who desire admission to the study of medicine. Within the last two months the Legislature of the province of Quebec has, to English, French, Latin, geography, history, arithmetic, algebra, geometry, *belles lettres* and physics, added philosophy, which with us always embraces logic and mental or moral ethics. This is a step in advance, as that science of sciences "includes, locates, and connects and uses all kinds and modes of knowledge," and will do much to hold together and keep under control every branch of our noble profession, whose members have in every age been amongst the most cultivated and whose social influence—and commonly for good—it is beyond the power of man to measure.

THE METROPOLITAN ASYLUMS BOARD.—At a meeting of the managers of this Board on Saturday the question of providing another fever hospital for London was discussed. A motion was subsequently adopted that application should be made to the Local Government Board for their sanction, without further delay, to the managers purchasing a plot of fifteen acres of land at St. Anne's-road, Tottenham, as a site for a fever hospital, at a cost of £12,000.

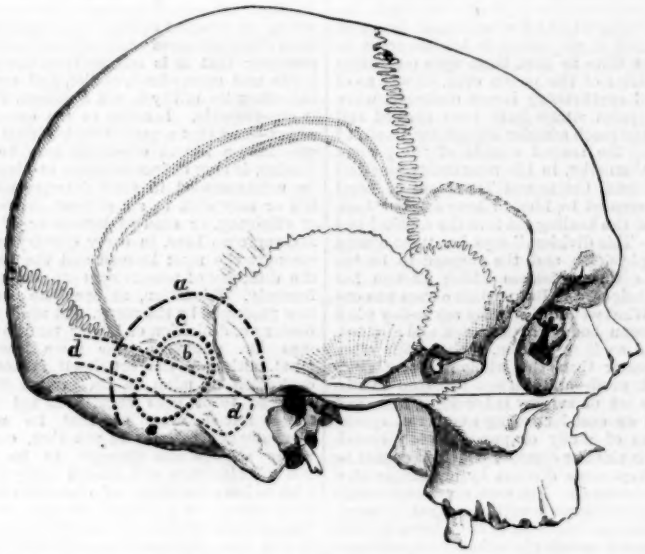
A CASE OF

CEREBELLAR ABSCESS SUCCESSFULLY TREATED BY OPERATION.

BY HENRY PERCY DEAN, M.S., B.Sc. LOND., F.R.C.S.,
ASSISTANT SURGEON TO THE LONDON HOSPITAL, SURGEON TO THE NORTH-EASTERN HOSPITAL FOR CHILDREN.

SEVERAL successful cases of cerebral abscess treated by operation have been published during the past few years, but so far as I have been able to ascertain no account of the successful treatment of a cerebellar abscess has been recorded. This fact will, I trust, be a sufficient apology for the publication of a case of cerebellar abscess successfully treated by operation. I believe it is generally admitted that in the majority of cases of abscess of the brain following chronic otitis media it is impossible, from the symptoms, to say whether the lesion is situated in the temporo-sphenoidal lobe or in the cerebellum. This is especially the case when the abscess is on the right side of the brain. In certain cases, however, when the pus is on the left side of the brain, some affection of speech may indicate that the temporo-sphenoidal lobe is affected. We are all familiar with instances where that lobe has been explored unsuccessfully and at the post-mortem examination an abscess has been found in the cerebellum, and conversely where the cerebellum has been searched in vain because the pus was situated above the tentorium. In these cases the surgeon has been deterred from exploring both regions probably by several reasons. Chief among them is the fear that the second operation might cause serious shock and perhaps death on the operating table. No doubt also the feeling of disappointment caused by the failure to find the pus at the first exploration has determined some surgeons to abandon the search. If we admit, as I think we must, that in the majority of cases it is impossible to diagnose in which region the abscess is situated the decision not to make a complete search for the pus cannot be justified by any argument. My chief object in publishing this case is to point out that there are no objections whatever to making a complete search for the pus. In every case of cerebral abscess following otitis media the surgeon can, with one skin flap and with one trephine hole, explore both the temporo-sphenoidal lobe and the cerebellum. It should be laid down as a rule that in all these cases the surgeon must be prepared, before commencing the operation, to search, if necessary, both above and below the tentorium. The point recommended by Barker for exploring the temporo-sphenoidal lobe is an inch and a quarter behind and two inches above the centre of the external auditory meatus and for the cerebellum a point an inch and a quarter behind and an inch below the centre of the external auditory meatus. It is clear that these two spots could not be conveniently included in one skin flap and certainly could not be reached by one trephine hole. If, however, the pin of the trephine be placed one inch behind and a quarter of an inch above the external auditory meatus a part of the lateral sinus and the dura mater just above it are exposed. After slightly enlarging the hole upwards with a pair of Hoffman's forceps (the work of two minutes) the dura mater can be incised and an exploration of the temporo-sphenoidal lobe satisfactorily carried out. If the pus is not found the trephine hole can be enlarged for about one-third of an inch downwards and backwards, exposing the whole diameter of the lateral sinus and the dura mater for a small extent below it. By incising the dura mater below the lateral sinus the cerebellum can be easily explored within five minutes of exploring the temporo-sphenoidal lobe.

By referring to the figure it will be seen how small an area of bone need be removed in order to expose the temporo-sphenoidal lobe, cerebellum and lateral sinus. The operation should not last at the outside more than thirty minutes.



Sketch of an adult skull to represent an operation for treating the chief intra-cranial complications of chronic otitis media. (Reduced to one-half of natural size.) *a*, **Line of skin incision; a semicircular flap commencing just behind the pinna, and having a diameter measuring about two inches** *b*, **Pin of trephine placed one inch and a quarter behind, and one-quarter of an inch above, the centre of the external auditory meatus.** *c* **Area of bone removed by bone forceps, exposing the lateral sinus completely and the dura mater above and below it.** *d*, **The outline of the lateral sinus.**

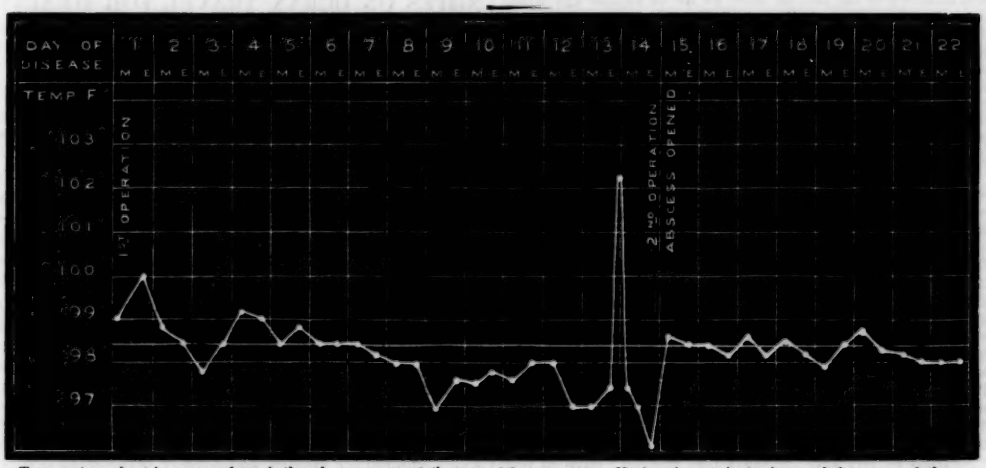
It is well known that in some cases it is impossible to diagnose cerebral abscess from meningitis. In both cases the most evident symptoms are due to cerebral compression, and it may be impossible to say whether the inflammatory exudation is localised or diffused. If after exposing the brain evidence of meningitis is present and no pus can be found, the lateral ventricles should be tapped by inserting a trocar inwards and slightly upwards just above the lateral sinus. It is evident that the only satisfactory way of relieving the pressure caused by the inflammatory effusion of meningitis is to drain the lateral ventricles. The patient is dying from the effects of cerebral compression, and by relieving this pressure the only chance, and that a very slight one, of recovery is given. The symptoms caused by thrombosis of the lateral sinus—"lateral sinus phlebitis," as it has been called—are vague and may easily be mistaken for those caused by abscess or meningitis. Indeed, one of the latter conditions may be present with the lateral sinus phlebitis. It is evident that by the

operation I have just described the lateral sinus can be easily examined. An exploring needle connected with an aspirator, or, better, a hydrocele trocar, can be inserted into the sinus. If blood flows freely from the trocar thrombosis of the lateral sinus can be excluded. I have explored the lateral sinus in this way with a small hydrocele trocar on two occasions, and no bad results have followed. If thrombosis were present, the operation suggested by Horsley and successfully carried out by Ballance should be performed. We see therefore that by a small operation, necessitating but little shock, nearly all the grave intracranial complications of chronic otitis media can be satisfactorily treated, an abscess in the temporo-sphenoidal lobe or in the cerebellum can be drained, the lateral sinus can be explored and the intracranial pressure caused by meningitis can be relieved. It will be noticed in the account of the operation that a small hydrocele trocar was used for exploring the brain and the lateral sinus. It is very convenient and easy to manipulate; if it be thought that the cannula is plugged, the reinsertion of the trocar clears up the doubt. The value of a silver drainage-tube in treating abscesses of the brain I fail to appreciate. An ordinary indiarubber tube adapts itself well to alterations in the size of the abscess cavity as it is healing; it can be easily shortened and is much more readily obtained in an emergency than a silver one.

F. B——, aged fourteen, was admitted into the London Hospital under the care of Dr. James Anderson on April 20th, 1892. The patient had been quite well until five years previously, when she complained of pain in the right ear and this was followed by a "discharge of yellowish matter." Since then the girl has frequently complained of pain in that ear and every few months a discharge has been noticed. The present illness commenced three weeks ago with severe pain in that ear and in the right side of the head, especially in the mastoid region. Dr. Anderson gives the following description of her condition on admission: "Patient extremely irritable and evidently in great pain, shrinking from the lightest touch over the right mastoid process, where the skin is boggy and dusky. She is only partly conscious, addressing her father, who is not present. There is no evident paralysis of limbs, face or ocular muscles. Pupils dilated, equal, act imperfectly to light. There is well-marked double optic neuritis, high myopia, however, making it impossible to estimate accurately the amount of swelling. The right meatus is filled with pus, the left is clear and the membrane fairly normal; knee-jerks normal; no ankle-clonus; heart and lungs normal; no pain or swelling down the right side of the neck." Dr. Anderson asked me to see the case with a view to operation. It was decided to explore the mastoid cells and the patient was transferred to Sophia ward under my care.

First operation.—As soon as possible the patient was taken to the theatre and chloroform was administered. On examining the right ear it was found that the tympanic membrane had quite disappeared and that the middle ear was filled with flabby granulation tissue. A curved incision was then made over the swelling behind the pinna and a small quantity of pus escaped. With a gouge and mallet the mastoid antrum was exposed and about half a drachm of pus evacuated. The bone was found to be very soft and it was scraped and chiselled away until the dura mater covering the lateral sinus was exposed. It was thought that the lateral sinus might be thrombosed, so a small hydrocele trocar was inserted into it, but blood flowed freely through the cannula, which was then withdrawn. By carefully chiselling and scraping away the carious bone the tympanic cavity was laid open and the granulations scraped away. All traces of softened and carious bone were carefully removed. The tympanic cavity was freely laid open, so that a probe passed in at the external auditory meatus touched one passed in through the mastoid antrum. Antiseptic lotion (perchloride of mercury, 1 in 2000) could be easily syringed right through in a considerable stream. A drainage-tube was then inserted into the tympanic cavity and the wound in the skin was sutured in the usual way. It was thought by Dr. Anderson and myself that sufficient disease was found in the mastoid bone to account for the symptoms presented by the patient.

Condition after first operation.—On the night following the operation the patient slept well and on the next day her condition was much improved. Except for an occasional slight headache she continued to improve until April 30th. On April 25th her eyes were examined by Dr. Anderson, who stated that the neuritis was decidedly less marked. On April 30th it was noticed that she was rather drowsy, and that the temperature during the preceding twenty-four hours had not reached 98° F. This drowsiness increased during the following day, and when I saw her at 4 P.M. on May 2nd her condition was as follows:—Patient rather more drowsy than yesterday but answers questions rationally. She complains of slight headache on the right side of the head, chiefly in the mastoid region. No evidence of any motor weakness or anæsthesia could be detected; knee-jerks present, not well marked; no ankle-clonus; no vomiting or nausea. Pulse 64, occasionally intermittent. At noon the temperature was 97·4°. Shortly after I left the temperature was taken and found to be 103·2° (see temperature chart), and the patient then was very drowsy, occasionally complaining of severe pain in the head. Soon afterwards she commenced to vomit. Owing to a misunderstanding I was not sent for and the patient was not seen by me until the following day at 4 P.M., when the following note was taken. "Patient in a very drowsy condition, and only roused with difficulty; no sensible answer could be obtained. She was frequently sick. Temperature 97·2°; pulse 56, very irregular; respiration very irregular in depth and rhythm. Pupils equal and widely dilated; knee-jerks present; no ankle-clonus." It was evident


DAY OF DISEASE
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22
M E M E M E M E M E M E M E M E M E M E M E M E M E M E
TEMP F
103
102
101
100
99
98
97
1ST OPERATION
2ND OPERATION ABSCESS OPENED

Temperature chart in a case of cerebellar abscess successfully treated by operation. Notice the marked subnormal character of the temperature for the six days preceding the second operation, also the single rise of temperature to 103·2° the day before the second operation. After the second operation the temperature remained normal. A four-hourly temperature was recorded, but the chart does not show any more features of interest than the morning and evening one.

that the patient was suffering from grave cerebral compression, and abscess of the brain was strongly suspected. It was decided to operate at once.

Second operation, May 3rd (fourteen days after the first operation).—The patient was taken to the theatre and chloroform was administered. Her head was shaved and thoroughly cleansed. A semicircular flap of skin just above and behind the ear was turned down and a periosteal flap was then reflected. The pin of the trephine was placed one inch behind and half an inch above the centre of the external auditory meatus, and a disc of bone three-quarters of an inch in diameter was removed. The lateral sinus was exposed in the lower part and the dura mater above bulged considerably. The dura mater was incised and the brain protruded in a marked degree from the opening. A small hydrocele trocar was then inserted six times in different directions into the temporo-sphenoidal lobe, but no pus escaped. The second time the trocar was inserted the lateral ventricle was tapped and a few drachms of clear cerebro-spinal fluid escaped; but after this the brain did not return to any considerable extent within the skull. It was evident that the intracranial pressure was not due to meningitis or to an excess of cerebro-spinal fluid. As the lateral sinus seemed to bulge more than usual a trocar was thrust into it. Blood flowed freely away, as at the previous operation. It was then decided to explore the right lobe of the cerebellum. With a Hoffman's forceps the bone was chipped away backwards and downwards for half an inch, so as to expose the whole diameter of the lateral sinus and the dura mater below it. The latter was then incised and the trocar thrust in. At the second insertion pus flowed freely away. A large trocar was then inserted and finally a pair of sinus forceps; over an ounce of pus escaped; an indiarubber drainage-tube was inserted into the abscess cavity; the dura mater was carefully laid over the surface of the brain, but was not stitched. The operation was completed in the usual way and the wound dressed with sal alembroth gauze and wool.

Condition after second operation.—Immediately after the operation the pulse was more rapid—110 per minute—and regular; the respiration was also regular. The pupils, which just before and during the operation were widely dilated and immobile, became moderately contracted. On the follwing day, May 4th, the patient's condition was distinctly improved. The wound was dressed and a slight amount of discharge was found. On May 5th Dr. Anderson saw the patient and made the following note:—"Neuritis of left side quite as marked as yesterday, perhaps slightly more so. The right disc on the inner side is also somewhat more woolly, but there are no hæmorrhages as on the left side. Pupils widely dilated; pulse 80, somewhat irregular." The wound was dressed daily and the drainage-tube was gradually shortened. The patient's condition rapidly improved. On May 7th Dr. Anderson made the following note: "Neuritis of left side distinctly less marked; edge of disc can be easily distinguished; some improvement also on the left side." The drainage-tube was removed on May 10th, and on the following day Dr. Anderson wrote the following note: "Neuritis in both eyes almost completely subsided; hæmorrhage in left fundus rapidly absorbing." The patient steadily continued to improve, and on May 16th she got up for a short time. On May 19th the wounds of both operations had completely healed up. There was a slight discharge from the ear, which was syringed out daily. On May 30th the patient was quite well. She was seen by Dr. Anderson, who made the following note: "Both discs are now perfectly free from exudation; edges sharply defined, both of the discs proper and of the staphylomata on their temporal sides: myopia of 9 D. in left and of more in the right; vessels normal, veins perhaps slightly enlarged; pupils and ocular movements normal, except a slight alternating divergent strabismus. V. = J.1 with each eye. H. D. of right ear *nil*, and of left 1½ ft. Perosseal hearing doubtful. Knee-jerks normal; mental state clear." On May 31st the patient was sent home and told to attend as an out-patient. She was seen last on July 12th, when she was perfectly well with the exception of a slight purulent discharge from the external auditory meatus.

In conclusion, I desire to express my thanks to Dr. James Anderson for the valuable assistance he has rendered me during the progress of the case, and also for the following remarks which he has kindly consented to contribute. "The indications for operation were perfectly clear on the admission of the patient and no time was lost. The pus between the mastoid process and the lateral sinus was readily evacuated and when Mr. Dean demonstrated to me that the lateral sinus was intact, I considered we were justified in resting satisfied with what had been done. There was marked improvement for a fortnight, but the girl's condition, as the notes show, was never perfectly satisfactory either as to her mental or her physical state, and I have very little doubt the cerebellar abscess was present from the first. I venture to say that the operation devised by Mr. Dean is a distinct advance in cerebral surgery, making it possible in one operation to examine the lateral sinus and to explore the temporo-sphenoidal lobe and the cerebellum. I have twice, for the reason he mentions, given my opinion against a second operation for cerebellar exploration after failing to find pus in the temporo-sphenoidal lobe. In both cases it so happened the opinion was correct, the one being a case of simple mastoid abscess, which recovered; the other a case of meningitis, which died. In both cases, however, I recognise that I might have been wrong and that in both a cerebellar abscess might have been overlooked. My reason in both cases was not that I felt sure there was no cerebellar abscess, but that I dreaded a second operation. The tapping of the lateral sinus to ascertain its condition was new to me. It seems to be a perfectly safe and simple procedure, and it is a very great satisfaction to know that the sinus is intact."

Gower-street, W.C.

NOTES ON OCEAN TRAVEL FOR HEALTH AND DISEASE.

BY JOHN V. SHOEMAKER, A.M., M.D.,
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(Concluded from p. 194.)

THE sufferers from chronic malaria are remarkably improved by an ocean voyage. The congested, inactive liver is depleted and resumes its functions, the sallow hue disappears from the face, the bowels become regular, the swollen spleen diminishes in size, appetite and sleep return and chills and fever cease. Other forms of toxæmia exhibit no less amelioration from ocean travel. In the various manifestations of lead poisoning elimination is decidedly assisted and regeneration of disabled tissues is promoted. A very happy effect is produced in lithiasis and gout. Again and again have I known a patient embark suffering with joint pains and enlargement, disordered digestion and assimilation, an irritable condition of the heart, muscular cramps, headache and insomnia, which vanished almost as soon as the steamer left the wharf. The journey across the Atlantic effected an improvement which endured for months, additionally perpetuated perhaps by a sojourn at one of the spas considered advantageous in gout. These springs no doubt possess a certain efficacy. The water drains the alimentary canal and the liver, which viscus is aided in the resumption of its work in the elaboration of nitrogenous food. I am persuaded, however, that very much of the special virtue of foreign baths consists in the regulated habits there encouraged, together with the superintendence and power of the physicians in charge. The patient, by precept and example, is taught to live by rule. Early and simple meals (served strictly at appointed times), the water taken at specified hours and in specified quantities, the amount and kind of exercise daily prescribed, excess of any kind prohibited—such a system in itself, irrespective of any medicinal virtue in the water, is calculated to reduce lithæmia. As far as the water is concerned, no doubt a number of our American alkaline waters are equally efficacious. We have not yet learned, however, in this country that strict business and professional management of our springs which has been elaborated in Europe. Our people when at home are restless under medical as well as other forms of surveillance and the physicians attached to our springs are destitute of any authority save that which always attaches to their professional advice. For these rensons better results may be obtained at foreign watering-places. And I am of the opinion that, as regards American visitors, much of the benefit thought to be derived from foreign spas is really due to the ocean trip by which the residence is preceded and followed. These remarks certainly express nothing in derogation of the virtues of the various watering resorts, for the management of which I can have

no words but of praise, having known cases of gout to remain markedly improved for many months after such a summer holiday. Patients suffering from diabetes mellitus are improved by ocean travel. I have a vivid recollection of the case of one lady. The patient was passing a large quantity of sugar; she ate and drank with avidity, yet was terribly emaciated and exceedingly weak. All sugar-producing aliments were, as far as possible, eliminated from the dietary, and, as the summer season approached, a voyage to Europe was recommended. The advice was obeyed, the patient crossed the ocean, remained some time at Carlsbad and returned home. The change in her condition was marvellous. Within a few months she had gained more than thirty pounds in weight, the sugar had disappeared from the urine, and bodily strength was notably increased.

On account of its tonic influence upon muscular tissue the atmosphere of the sea is of value in maintaining compensation in valvular diseases of the heart. Ocean travel will delay as long as possible the inevitable occurrence of dilatation. After the cardiac muscle has yielded the value of ocean travel is less decided, and, in fact, may be harmful if the patient suffers from sea-sickness. In the early stage of fatty degeneration of the heart a voyage is beneficial and it may have a favourable effect in angina pectoris.

Among the most impressive cases which it has been my lot to observe was one of functional heart disease, associated with various neuroses. The patient, a big-boned Scotchman, had, from overwork and business cares, fallen victim to a train of nervous symptoms. On being called to see this large man he was found to be reduced in weight to about 100 lb.; he had lost his relish for food, ate but little and digested that little poorly; his bowels were irregular, his head ached, he suffered from vertigo and sleeplessness. The heart's action was forcible, rapid and irregular, and dyspnœa at times so extreme that the affection had been considered organic. The mental condition of the patient was alarming. The temper was irritable, the man was subject to fits of passion alternating with moroseness and there appeared every prospect of the case terminating either in insanity or death. His system had already been deluged with tonics and stimulants of every variety without the slightest avail. Recognising the gravity of the situation, but being firmly convinced that the symptoms, ominous though they might be, reposed upon no organic basis, my advice was, in brief, to "throw physic to the dogs," cross the ocean, revisit the home of his boyhood, breathe his native air and drink Scotch ale. My instructions were followed to the letter. A slow route was selected and two weeks were spent upon the ocean. Four weeks were occupied in visiting his early haunts and two weeks more in returning to Philadelphia. He had left this port on his outward voyage but a few days when improvement became manifest. The heart's action became more steady and less rapid, headache subsided and he began again to enjoy the blessing of sleep. The physical improvement altered his tone of mind radically and for the better. Irritability vanished, he regained his cheerfulness and wonted resolution. This proved the first step in a rapid cure. Upon his arrival in Scotland, already vastly improved, he took pleasure in looking up relatives and old friends, his weight and strength augmenting day by day. When he again reached Philadelphia he felt almost as well as before his severe attack. He has continued well; his occupation keeps him much in the open air; his digestive functions are perfectly performed; his heart is as steady as a clock; his sturdy frame is well clothed with muscle and fat, and he weighs to-day about 260 pounds. This man's life or reason was probably saved by a few weeks upon the ocean. The effect of the voyage was no doubt materially enhanced by the pleasurable emotions arising from a visit to the land of his birth.

An ocean voyage is a valuable boon to one who has just recovered from an exhausting illness. Patients whose innervation has been profoundly depressed by epidemic influenza received signal benefit from a voyage down the coast to Florida and return by sea; the nutritive conditions had, in the meantime, undergone a complete revolution. After an attack of typhoid fever, likewise, a patient may be sent to sea in the confident expectation of rapid gain. Upon the course of acute suppurative processes I have never observed any favourable or abortive effect. If the exciting parasite of suppuration has obtained access to a fit soil for its development the chemical poisons which it elaborates perform their work on the sea as well as upon land. Still, in the exhaustion due to suppuration a sea voyage is a most prompt and effective remedial agency. The tonic properties of ocean air encourage an active process, while at the same time they communicate resistant power to the system. A speedy termination of the case is therefore indirectly favoured. When, however, a suppurative disease is in its declining stage the restorative and curative virtues of salt air are apparent to the most careless observation. That ocean travel is highly beneficial after pneumonia I have the strongest personal reason to know and it is from this circumstance that my habit of crossing the ocean arose. Fourteen years ago I was seized with acute pneumonia, but upon leaving my bed and essaying to resume my interrupted work in the middle of a college session I found that I was unable to stand the strain. Duties which were not oppressive when in health became painfully burdensome. The air of anatomical and class rooms was unfavourable to resolution of the solidified lung. Cough continued and the sputum was at times bloody. I was compelled to reluctantly admit that I was in a precarious condition and that, unless work was suspended, should find my strength unequal to any task. I accordingly prepared to follow the advice which I had received and left for the south. Travelling leisurely I at length arrived at Jacksonville, Florida. Some, but not much, improvement had taken place and I began to fear that my fate would be to join the host of northern invalids who must flee to the south every winter. At this juncture an elderly physician whose acquaintance I had formed narrated his experience and that of his wife. Like myself he had suffered in the north from pneumonia. Complete recovery being tardy he was induced to go south by sea and found himself eminently improved by the voyage. His wife also, who was the subject of chronic bronchial catarrh, experienced like amendment. As the spring was now approaching I resolved to follow the physician's example. Now, I am not one of those who are naturally fond of the sea. I suffer considerably from sickness and feel much safer when my feet are planted on solid earth than when but a few planks divide me from the heaving main. Consequently, though I embarked I took advantage of the first opportunity to go ashore. I could not fail to be conscious, however, that the trip, short as it was, had done me good, so I summoned up my resolution and took passage upon the next steamer sailing north. Upon landing I went into the country, and when I returned to the city in the autumn I was thirty-five pounds heavier than when I had left for the south. From that day to this I have never had a sign of pulmonary trouble and from that time I date an abiding confidence in the curative virtues of old Neptune. Ever since, when enervated by a hard winter's work, I cross the Atlantic in the early summer, sojourn abroad for two or three months and return invigorated. A laryngitis, to which I have been frequently subject since an attack of diphtheria about twelve years ago, never makes its appearance when I am at sea. Others who are afflicted with laryngitis have experienced the same benefit. What influence has ocean climate upon the course of tuberculosis? To this question it is not easy to give a categorical reply. The individual patient, the stage of the disease, the time of the year, the direction of the voyage, are all elements which must be taken into consideration. In the early stage of pulmonary tuberculosis, when no active change is taking place in the consolidated area, when strength and digestive power are yet fairly well preserved and the patient has not lost much weight, an ocean voyage will often check the progress of the malady. The condition of the mucous membrane is, in my opinion, of some value as an index of the advisability of an ocean climate. If the glands of the gastro-intestinal tract are active, the tongue tolerably clean and the bowels regular, it is probable that a voyage will be of benefit. In winter time a voyage in a southern sea—as, for instance, to Bermuda or the West Indies—will often afford relief and hæmoptysis has proved no contra-indication. It is not always possible to predict with confidence that a given case of tuberculosis will be improved by a voyage, but if doubt exists the patient may try the effect of a short trip up or down the coast, according to the season.

The effect of ocean climate is more conspicuous in scrofulosis. The eruptions to which scrofulous children are especially liable, the respiratory and gastro-intestinal catarrhs from which they suffer, are ameliorated by a voyage. The advantages of this therapy are most plainly seen in the glandular manifestations of the disease. Enlarged and hardened ganglia return to normal size and consistence. If caseation

has taken place, healing is rapid after evacuation. When the skin has broken spontaneously and the characteristic, unsightly ulcers with protruding, uneven surface, undermined edges and perhaps fistulæ are present, cicatrisation advances much more rapidly, uniformly, and surely at sea than on land. Skin diseases occurring in scrofulous subjects are unusually amenable to medicinal means during an ocean voyage.

I have incidentally, in the course of this paper, alluded to various affections of the skin. Sea air promotes the secretory and respiratory functions of the skin. By removing the underlying and often obscure cause of the affection it not infrequently leads indirectly to subsidence of the disease. In papular and indurated acne the amendment is often very noticeable. The youth who begins his voyage with a blotched visage ends it, to his unspeakable satisfaction, with a complexion comparatively clear. The improvement inaugurated by sea air can generally be continued, by the aid of appropriate therapeutic measures, after the destination has been reached. Various local paralyses are benefited by ocean travel. The remote effects of hemiplegia, such as muscular atrophy and tremor, also receive amelioration. The cause of progressing muscular atrophy will probably be stayed by the same means and the darting pains of locomotor taxia may be assuaged.

Social conditions have decidedly limited the power and usefulness of the medical art. Many of our patients are either unable or unwilling to avail themselves of the advantages of physiological medicine. Bound to ill-paid toil, immersed in money getting or pledged to some important undertaking which scarcely permits relaxation, they have no time or opportunity for holidays and cannot go to sea. They demand that, while their conditions of work are unchanged, their systems shall be braced up from time to time by the use of drugs. But drugs, however well chosen, cannot take the place of rest, pleasure and relaxation. An occasional holiday is an economy of time. If time cannot be spared for a trip to Europe, the journey of a few hundred miles along the coast can be soon performed. If money fails, a trip upon a sailing vessel is very inexpensive.

A REPORT ON

THIRTY-SEVEN CASES OF TUBERCULOUS DISEASE OF THE HIP-JOINT,

FOR WHICH EXCISION OF THE JOINT WAS PERFORMED IN THIRTY-SIX CASES.

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AND
C. F. MARSHALL, M.D., CH.B. VICT.,
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(Continued from p. 190.)

CASE 12.—N. E——, aged three years. Disease of left hip began at two years of age after a fall; the patient was treated from an early date with a double Thomas's splint. Admitted to hospital eighteen months after the onset of the disease with a discharging sinus at the upper and the outer part of the thigh. The limb was everted, but otherwise in good position. The joint was excised through the anterior incision; head of femur, trochanter, acetabulum and os pubis in front of acetabulum were all diseased. The head and neck of the femur, with a loose sequestrum, were removed; drained with tube. Temperature irregular, but rarely over 100° F. The tube track did not heal. First secondary operation with removal of carious bone in the eighth week after excision; wound healed in six weeks. Recurrence. Second secondary operation eight months after excision; femur healthy, acetabulum carious; wound finally healed ten months after excision. A double Thomas's splint worn for seven months after excision, and single Thomas's splint for twelve months more. When the patient was last seen, one year and ten months after the excision, or one year after the final healing, the splint had been left off for three months. The child was in robust health and the limb not wasted at all. Scars firm; real shortening one inch, apparent shortening half an inch, the difference being due to slight abduction. Limb could be extended to the vertical and flexed through 45° without movement of spine. Walks fairly well on sole of foot without any support. (Fig. 12.)

CASE 13.—W. R——, aged nine years. Disease of right hip began at seven years of age; no cause assigned. Admitted to hospital two years after the onset of the disease with an anterior and an iliac abscess; limb was shortened one inch and a half, flexed to 45°, adducted and rotated inwards. The joint was excised through an anterior incision; head and neck of femur carious and dislocated backwards; acetabulum covered with granulations; head and neck of femur removed and iliac abscess found to communicate with joint over brim of pelvis; drained for twenty-four hours; temperature never above 100·4°. Wound healed by primary union with a firm scar four weeks after operation; no secondary operations, but the patient was readmitted shortly afterwards for paralysis of the flexor muscles of the foot and anæsthesia supposed to be due to pressure of the splint on the sciatic nerve; a Thomas's splint worn for about eighteen months. When the child was last seen, one year and ten months after the operation, the splint had been left off for about four

FIG. 12.

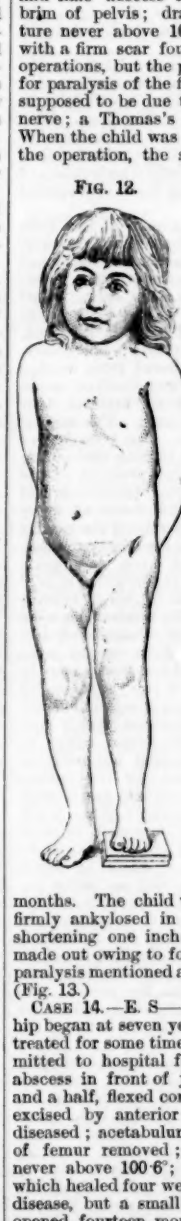
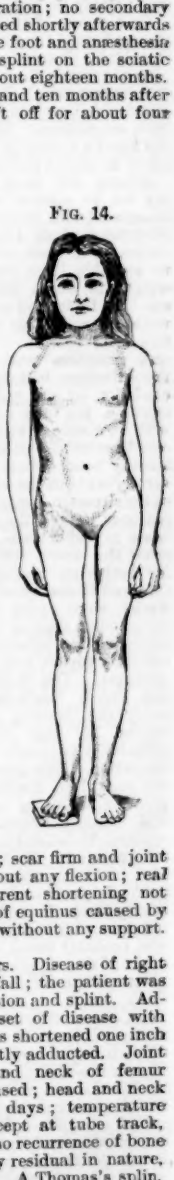


FIG. 13.

FIG. 14.



months. The child was in good health; scar firm and joint firmly ankylosed in good position without any flexion; real shortening one inch and a half, apparent shortening not made out owing to foot being in a state of equinus caused by paralysis mentioned above. Walks easily without any support. (Fig. 13.)

CASE 14.—E. S——, aged eleven years. Disease of right hip began at seven years of age after a fall; the patient was treated for some time with weight extension and splint. Admitted to hospital four years after onset of disease with abscess in front of joint. The limb was shortened one inch and a half, flexed considerably and slightly adducted. Joint excised by anterior incision; head and neck of femur diseased; acetabulum superficially diseased; head and neck of femur removed; drained for nine days; temperature never above 100·6°; primary union, except at tube track, which healed four weeks after excision; no recurrence of bone disease, but a small abscess, apparently residual in nature, opened fourteen months after excision. A Thomas's splin, worn for thirteen months after excision. When the patient was last seen, a year and nine months after the operation

the splint had been left off eight months. General health fairly good; joint firm; real shortening three inches, apparent shortening two inches and a quarter, the difference being due to slight abduction; limb could be flexed to 45° and extended to the vertical without movement of spine. Walks on sole of foot without support. (Fig. 14.)

CASE 15.—M. B——, aged five years. Disease of left hip began at two years of age; no cause assigned; no treatment before operation. Admitted to hospital three years after the onset of disease with a sinus on the outer side of the thigh. The limb was shortened two inches; flexed 20°; adducted and rotated inwards. Joint excised by anterior incision; acetabulum obliterated by fibrous tissue; head of femur and most of neck destroyed; sequestrum, consisting of head of femur, removed, and joint scraped (operation more an arthrectomy than an excision); no drainage; temperature normal after second week. Wound healed completely. Two secondary scrapings were done two and five months after the first operation; no further recurrence of bone disease; wound finally healed in six months. A double Thomas's splint was worn for fifteen months after the excision. When last seen, one year and six months after the operation, or twelve months after the final healing, the splint had been left off three months. General health good; joint sound; real shortening two inches, apparent shortening one and one-eighth inch, the difference being due to slight abduction; slight mobility of joint. The child did not walk well, but the difficulty in locomotion was dependent more upon weakness of the knee and ankle of the healthy limb than upon deformity of the one which had been diseased.

CASE 16.—F. S——, aged four years and nine months. Disease of right hip began at two years of age; no cause assigned. The patient was treated with a single Thomas's splint for about a year, and a double Thomas's for six months more before operation. Admitted to hospital two years and three-quarters after the onset of the disease with a large anterior abscess. The limb was then everted and shortened one inch. Joint excised by anterior incision; head of femur denuded of cartilage and carious; section of the head showed disease commencing in the epiphysial cartilage and spreading to the surface at one point; acetabulum also extensively diseased; head of femur removed; wound drained for thirty-six hours; temperature never high; wound healed by primary union in three weeks. A Thomas's splint (first double, afterwards single) was worn for twelve months. When the child was last seen, twelve months after the excision, the splint had just been left off. General health was good and the hip-joint and scar were quite sound; real shortening one inch and a quarter, apparent shortening one inch and one-eighth; slight movements of flexion and abduction could be made. This case was too recent to estimate the powers of locomotion.

GENERAL STATISTICS OF ALL CASES.

Age at onset of disease.—In 1 case the age at onset was between one and two years; between two and three years of age there were 7 cases; between three and four years 4 cases; between four and five years 3 cases; between five and six years 3 cases; between six and seven years 4 cases; between seven and eight years 5 cases; between eight and nine years 3 cases; between nine and ten years 2 cases; in 5 cases the date was unknown.

Side affected.—The right hip was affected in 19 cases, the left in 16 cases, and in 2 cases the side affected was not recorded.

Cause assigned for exciting onset of disease.—In 10 of the 37 cases the disease was assigned to a fall or blow on the hip; in 1 case the disease appeared whilst a double Thomas's splint was being worn on account of disease of the other hip.

Duration of disease before operation.—This was from three to six months in 5 cases; between six and twelve months in 8 cases; between one and two years in 14 cases; between two and three years in 2 cases; between three and four years in 1 case; between four and 5 years in 1 case; and between five and six years in 1 case. In the majority of cases therefore the duration of disease before operation was between six months and two years; in 5 cases the duration was unknown.

Situation of abscess.—In 29 cases the abscess was situated anteriorly to the great trochanter; in 15 of these it was altogether in front; in 14 it was partly anterior and partly to the outer side of the hip; in 3 cases the abscess was behind the great trochanter; in 1 case the situation is not recorded. Two cases had also an iliac abscess, which was found to communicate with the joint through the psoas bursa. Four cases had discharging sinuses before the operation; 3 of these were situated anteriorly and one posteriorly. The sinus leading from the superficial abscess to the joint was usually found just above the neck of the femur. The abscess had apparently burst from the joint at the posterior part of the capsule and had subsequently passed forwards owing to the resistance being least in that direction. In one case the sinus passed directly backwards to the joint through the Y-ligament.

6. *Extent of disease at time of operation.*—In the large majority of cases—viz., 35—the head of the femur and the acetabulum were denuded of cartilage and the bone carious to a greater or less extent at the time of operation. In 5 cases the trochanter was also diseased; in one case the acetabulum only was affected; in one case the head of the femur was removed as a sequestrum.

7. *Nature of operation.*—In the large majority of cases the anterior operation was performed, posterior excision only being done in 4 cases. Of the 33 anterior operations 2 were of the nature of an arthrectomy—viz.: (1) the case in which the acetabulum only was diseased; and (2) the case in which the head of the femur was removed as a sequestrum. In 5 cases an operation was performed previously to excision; in 3 of these the operation consisted in simply opening and draining the abscess; in the other two cases a partial arthrectomy was attempted.

Period of primary healing.—Five cases died before the wounds healed. Of the remaining 32 cases, the wounds in 12 healed by primary union in three or four weeks and in 6 more healed by primary union except at the tube track, which granulated in two or three weeks more without suppuration. This makes a total of 18 cases, or nearly 50 per cent. of all cases in which the wound practically healed by primary union. These cases will be considered separately later on. In the other 14 cases the period of primary healing was from three to fifteen months after excision.

Recurrence of disease.—In 26 of the 32 cases recurrence of disease took place; no recurrence took place in 6 cases up to the time when last seen (it must be mentioned that one of the 6 died of diphtheria in four weeks and a half after excision). In other words, about 81 per cent. recurred and about 19 per cent. did not recur. In the 26 cases which recurred there was further bone disease in 12 cases, or 37·5 per cent. of the total number of cases (32).

Secondary operations.—These were required in the 26 cases which recurred, but in 14 of them, in which no recurrence of bone disease took place, the operations were of a simple nature as a rule and caused but little further pain or trouble to the child. However, in all cases the previous excision of the joint facilitated the secondary operations, for the situation and extent of the former disease were known, or, in other words, the geography of the joint had been learned beforehand. Recurrent disease quickly showed itself at the excision scar, and abscesses, instead of burrowing about and giving rise to sinuses in several situations, came to the surface along the track of the operation wound. This is a point to which we attach importance. A single sinus which leads directly to the joint readily admits of thorough treatment, whilst, if there are many and long sinuses passing amongst important structures, it is extremely difficult and often impossible to disinfect them. Consequently, when excision is performed late in the course of the disease and as a last resource, the wound quickly gets infected from the septic sinuses and prolonged and often fatal suppuration takes place.

Influence of the operation on the general health.—Excluding, of course, the cases which died, all the patients were considerably improved in their general health after the operation, and were as a rule quickly relieved from the pain from which they had previously suffered. In only 1 case of the 37 did general infection (tuberculous meningitis) ensue after the operation. One patient developed phthisis soon after his hip was excised, but when last seen, some nine months after he had left off his splint, no signs of phthisis could be detected, and, though still thin, the boy had decidedly improved in general health. In no case did any sign of amyloid disease appear; and, as may be seen from the detailed reports of the cases, amputation was required in none of them, although in several there was extensive pelvic disease.

The fatal cases.—The mortality directly due to the operation has been greater than it ought to be. Four, or 10·8 per cent., of the cases died soon after they had been operated upon. In 2 of the cases death was due to shock; with

greater care these deaths might not have occurred. The death of one child was most probably due to too hot water being used for irrigation. The water was very hot, but it was not too hot to be borne by the operator's finger, which was kept in the wound all the time the water was flowing. The pulse, which had previously been fairly good, failed at once and, notwithstanding the most persevering efforts to counteract it, intense collapse supervened and the child died in three hours. This patient was the first on whom we used boiled-water flushing. In another case the operation was too prolonged, owing to an iliac abscess being dealt with at the same time. The child did not rally from the shock of the operation and died in sixteen hours after it. In another case, of which the full notes are unfortunately lost, the death is entered as due to iodoform poisoning. In the absence of the notes our recollection of this case is imperfect, but if the entry upon which we rely is correct, we feel that the cause of death was one which should have been avoided. The fourth patient died from collapse on the eighth day after the operation. He was also suffering from spinal caries and was in a weak and very unhealthy condition before the operation. Four other patients are dead. In 2 cases death resulted from affections in no way connected with disease of the hip—viz., severe and long-standing heart disease in one and diphtheria in the other. One patient died of tuberculous meningitis eleven weeks after the hip was excised. The wound had not healed; it had not been drained in the first instance, and a tube had to be inserted later on owing to distension of the wound with inflammatory exudation. The fourth patient died three years and a half after the excision, the hip being soundly healed at that time. We are informed by the child's mother that death was attributed to abscess in the brain.

(To be concluded.)

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL AND THERAPEUTICAL.

TOXICITY OF EXALGINE.

BY REGINALD BROADBENT, M.B., C.M. EDIN.

IN view of the fact that exalgine has recently been so highly recommended for neuralgia and allied affections—and I can add my testimony to the fact that it is frequently of great service in facial neuralgia and toothache—I think that the following case should be recorded as illustrating the dangerous symptoms that are sometimes met with. One remarkable fact with regard to this case is the rapidity with which the symptoms occurred, only a few seconds elapsing between the taking of the medicine and their onset.

A patient (male) aged twenty-six suffered from neuralgia over the left temporal region for a week. He was inclined to be anæmic. He was ordered a dose containing four grains of exalgine, to be repeated in two hours if unrelieved; and if neither dose gave ease he was directed to take two doses (containing eight grains in all) the following morning after breakfast. The same evening the patient took one dose and obtained relief from the pain, but at the same time complained to his wife of feeling giddy, as if drunk. Next morning at 4.30, feeling a slight return of the pain, he took the rest of the medicine, which contained twelve grains of exalgine. He immediately became dazed, clutched at the bedstead, but fell prostrate on the floor, where he remained quite unconscious for half an hour, and during this time frothed at the mouth. On my arrival at this juncture, I found him on the floor making a feeble effort to vomit. The pulse was feeble and slow; eyes closed; pupils natural. He was with difficulty got to answer questions, when he complained of pain in the region of the stomach and noises in the head. One-tenth of a grain of apomorphia given hypodermically caused him to evacuate the stomach. Subsequently one-five-hundredth of a grain of strophanthin with ten minims of ether were administered in the same way, and the man slowly rallied. The pain in the stomach disappeared first, but the noises in the head remained for some time. Later the patient could not remember events which occurred half-an-hour subsequently to his regaining apparent consciousness, and during this time he was constantly yawning. He had never had a fit in his life.

Twelve grains of exalgine must be regarded as an excessive dose, but if the toxic dose is three grains for every two pounds of body weight, as stated by some writers, these alarming symptoms ought not to have occurred.

Leicester.

SEQUEL TO A CASE IN WHICH TUBERCULOUS DISEASE OF THE KIDNEY WAS TREATED BY TUBERCULIN INJECTIONS.

BY W. GIFFORD NASH, F.R.C.S.

IN THE LANCET of June 6th, 1891, p. 1260, were published the notes of a case of supposed tuberculous disease of the kidney treated by tuberculin injections at the South Devon Hospital, Plymouth, and a further statement of the case was promised. The following is an account of the case since the man left the hospital. Dr. Torbock of Polruan, Cornwall, has very kindly seen the man and examined his urine.

On July 11th, 1891, the patient wrote: "I have no pain at all on passing urine, do not pass it at all by night, nor too frequently by day. I have been working hard since I went home." On May 19th, 1892, he wrote: "I am glad to tell you I am still in good health, only my weight is not increasing. It was 137 lb. when I left the hospital, and is now 133 lb. I have been working hard at farm work every day since I came home. I do not feel any pain in the loins and am free from pain everywhere. I feel as well now as ever I was in my life. I pass my urine very regularly about three or four times a day and once or twice by night. There is no pain on passing urine." Dr. Torbock on May 24th, 1892, wrote: "I have examined P——'s urine. Result: Appearance clear and of natural colour; sp. gr. 1020; reaction acid; no albumen; no sugar." Again on June 15th, 1892, he wrote: "I managed to get hold of P—— yesterday. I consider him a perfect cure; no pain in kidneys or anywhere else. He looks and feels healthy and strong, eats, drinks and sleeps well. There are no signs of tuberculous disease anywhere."

Bedford.

AN UNUSUAL CAUSE OF POST-PARTUM HÆMORRHAGE.

BY JAMES ARMSTRONG, M.B. EDIN.,
HONORARY PHYSICIAN TO THE LYING-IN HOSPITAL, LIVERPOOL.

HÆMORRHAGE coincident with vomiting during the third stage of labour is a new experience to me. In this case chloroform had been used with benefit during the second stage, and until vomiting suddenly supervened everything was normal. With each effort to vomit there was gushing of blood to an alarming extent in spite of external compression. I offer the following explanation: that the vomiting which was most probably due to chloroform by increasing blood pressure in the abdominal and pelvic vessels interfered with the formation of thrombi in the uterine veins.

Liverpool.

BIRTH OF A CHILD WEIGHING FOURTEEN POUNDS.

BY JOHN B. HARRIS, M.D. DURH. &c.

THE following account of a confinement which happened in my practice on June 7th, 1892, I think, will be of interest to the readers of THE LANCET.

A few months ago I was engaged by a lady to attend her in her confinement (the sixth), which she expected to take place at the end of April, the menses having ceased on July 17th, 1891. In August her husband went abroad for months. At the commencement of May my patient became alarmed at her condition. There were no signs of coming labour, but her size was then enormous, and it was with the greatest difficulty she got about. From that time she still increased in bulk, and during the last few days she has been obliged to keep her bed. Labour at last commenced at 5 A.M. on June 7th. I was sent for at 9. I found the waters had broken and labour so well advanced that in an hour the head was easily expelled. Then my difficulty commenced, and it was some considerable time before I

could extract the body owing to its immense size. The child (a girl), I am sorry to say, I was unable to save; it died during the birth. I have been in practice twenty-five years and my confinements now number thousands, but I have never had a case like this one for size of child. Its weight was 14 lb. (full); length 27 in.; chest measurement, 15 in.; thigh measurement, 9½ in. in circumference; arm measurement, 6 in. in circumference. I have been able to find records of only very few cases where the child weighed 14 lb. and over, and only one whose length was 27 in. (Dr. Dewees). I may mention my patient has previously had two children, weighing just over 12 lb. Apparently this pregnancy extended to 325 days.

West Norwood, S.E.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se compare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Procemium.

ST. MARY'S HOSPITAL.

TWISTED SPERMATIC CORD AND GANGRENE OF TESTIS; REMARKS.

(Under the care of Mr. HERBERT PAGE.)

WHILE the subject is fresh in the memory because of Mr. Bryant's recent contribution to the Royal Medical and Chirurgical Society on Torsion of the Spermatic Cord with Strangulation of the Testis,[1] it may be opportune to record a case which was lately under the care of Mr. Page, and which in many of its features was like that related by the former. We have also published notes by Mr. Nash of a case under the care of Mr. Whipple[2] in the Plymouth Hospital. A boy aged sixteen had sprained himself the day before admission, when a swelling in the left groin was present and he gave a history of vomiting. The swelling was hour-glass shaped. "The lower half of this was the left testicle lying in the upper part of the scrotum; the upper, lying over the external abdominal ring, about the size of a hen's egg, was very tense, quite dull on percussion and gave no impulse on coughing." In this case the epididymis appeared to be twisted twice on its own axis, and there was an omental hernia, the piece of omentum being attached to the testis. The testis was removed. Cases of this condition are certainly rare. Some worthy of mention have been recorded by Curling,[3] Jacobson,[4] Johnson[5] and Segond.[6]

A lad, aged seventeen, was brought to St. Mary's Hospital by Dr. MacGeagh on June 4th because of urgent symptoms presumably in connexion with a right congenital inguinal hernia, for which by his advice a truss had been worn with good effect for some considerable time. On the night of June 1st the boy had been awakened by severe scrotal pain, and putting his hand to the part he found it swollen and tender, and thought that the hernia must have come down. He was sick once, and once only, in the morning. Dr. MacGeagh saw him soon afterwards, and found the testis very tender and seemingly swollen. He thought the condition might perhaps be orchitis, although he failed to discover any evidence of gonorrhœa. Fomentations were ordered, and the patient was kept in bed, but, nevertheless, both swelling and tenderness increased and the scrotum itself became red and œdematous. Furthermore, there was constipation and very naturally suspicion arose that hernia and strangulation of bowel might, after all, be the actual state of things. So he was sent to St. Mary's Hospital, where Mr. Silcock, who saw him early in the afternoon of June 4th, excluded hernia from his diagnosis and leaned to the view that some form of orchitis was really present. The swelling and tenderness of the testis and of the cord, also right up to the inguinal canal, the redness and œdema of the scrotum had by this time very much increased, but it was impossible to say what was the cause of so much inflammation. Once only had the boy been sick. His temperature was normal. He did not look ill, local trouble and pain were alone manifest, and when Mr. Page saw him late the same evening the general aspect and symptoms forbade more than a suspicion of hernia. He therefore laid the swelling open, thinking it clearly the proper course to explore, for, even with all that there was to be said against it, the possibility of a piece of bowel being down could not be put aside. The operation was therefore as for an inguinal hernia, and Mr. Page found the condition of parts that of the congenital variety, with the testis black and distinctly gangrenous and the epididymis greatly swollen and of a deep chocolate colour. Examination soon revealed that this had been produced by torsion of the spermatic cord, which was easily untwisted by two turns to the left—in the direction, that is, of taking out a screw. The site of the twist was at the external ring and there was no apparent cause for it. All the dead tissues were then removed and the open funicular portion of the peritoneum was closed by ligature. The wound healed forthwith, without rise of temperature, and the boy left the hospital on June 24th.

Remarks by Mr. PAGE.—Difficulty in diagnosis was as marked in this case as it seems to have been in others of the same kind. Nor could it well be otherwise, for in some respects there was a strange simulation of the symptoms of strangulated hernia, with differences, however, sufficient to create much doubt. The way to solve it was by obeying the rule—when in doubt operate—but yet even without an operation there seems no reason for thinking that the life of the patient need necessarily have been imperilled. Under subcutaneous and presumably aseptic conditions the gangrenous structures would presently have become atrophied and shrivelled and if in the future it had been possible to believe that the boy had ever had a testis on the right side, the singular conclusion would probably have been that in consequence of an acute attack of orchitis, due of course to gonorrhœa, the testis had atrophied and disappeared. It is questionable whether anyone would have thought of a twisted spermatic cord, and yet, as Mr. Bryant pointed out, complete atrophy of the testis may in other instances have thus had origin. How the twist comes I do not know, nor is it easy to explain it. After all it may be purely accidental and of no pathological significance, determined by the wearing of a truss and the frequent manipulation which a hernia and a truss entail. It seems as if some malposition of the testis, either congenital or induced by the wearing of a truss, in association with a congenital hernia, were an essential predisposing cause. One may never again meet with a case of such rarity as this, but it will be an act of strange forgetfulness if another case with like history and symptoms should not raise in one's mind the suspicion of twist of the cord and strangulation of testis. Certain diagnosis is out of the question. There was yet another and wholly different point of much interest in this case. Here was a gangrenous testis and epididymis, much pain and acute tenderness, great swelling and œdema and redness, all the old signs, in fact, of acute inflammation, and yet from first to last there was not a drop of pus in connexion with the gangrenous tissues or with the operation wound. I thank my dresser, Mr. W. J. Harris, for his careful notes of the case.

[1] THE LANCET, vol. i. 1892, p. 472. [2] Ibid., vol. i. 1891, p. 1097.
[3] Diseases of the Testis, p. 8.
[4] System of Surgery (Holmes and Hulke), vol. iii., p. 470.
[5] Boston Medical and Surgical Journal, 1888.
[6] La France Médicale, Jan. 14th, 1888.

GENERAL HOSPITAL, BIRMINGHAM.

A SERIES OF CASES OF CONGENITAL MALFORMATION OF THE LARGE INTESTINE; REMARKS.

(Under the care of Mr. GEORGE HEATON.)

WITHIN the last eighteen months there have been under the treatment of Mr. Heaton four rather exceptional cases of so-called "imperforate anus," and a fifth in which the cæcum had been arrested in its progress into the right groin. Cases of imperforate anus and other congenital malformations of the large intestine are not of very frequent occurrence, and two of the cases illustrate rather uncommon varieties of the deformity. It has, therefore, been thought that it might not be without interest to relate them in a series (reserving however, the conclusion until our next issue), illustrating, as they do, some of the difficulties met with in the treatment

of cases in which the left lower bowel is, in a greater or less part of its extent, absent. The clinical histories are as follows :—

CASE 1. *Imperforate anus with probable absence of rectum and descending colon; artificial anus made in left groin; death at the end of six weeks.*—A. B——, a male infant, was admitted into the General Hospital on Oct. 4th, 1891, two days after birth, with a history of having "passed nothing" per anum since birth. Note on admission : The upper part of the body is normal. The fornix is in a condition of hypospadias, the urethra being cleft to the root of the glans. The scrotum is normal and contains both testes, but is situated abnormally near the coccyx. The tuberosities of the ischium are very closely approximated, barely admitting two finger tips between them. In the situation of the anus are two small dimples, one on either side of the median raphe. Chloroform was given and a mesial incision was made into the perineum as far back as the tip of the coccyx. The inside of the pelvis was thoroughly explored for a depth of two inches and a half through the wound, but no trace of rectum could be discovered, nor was any bulging to be detected high up in the pelvis. A left inguinal colotomy was decided upon, but on opening the peritoneum and exploring the left iliac fossa with the finger no trace of sigmoid flexure or descending colon could be discovered, nor could any rectum be felt descending into the true pelvis. The finger was then passed across the child's abdomen and the cæcum felt for on the right side, but no trace of large intestine could be discovered. A distended coil of small intestine was then brought to the surface and united to the parietal peritoneum by six lateral and two terminal silk sutures. After all the sutures had been tightened, the intestine was opened and a free discharge of meconium took place. The operation lasted an hour and ten minutes.

Oct 4th.—The child slept well. There had been no further discharge of meconium and the edges of the intestine appeared dry. A small injection of olive oil was given through the wound, and this was followed in a few hours by a free discharge of meconium.

The child's after history was uneventful. The artificial anus gave no trouble, and the motions, consisting of partly digested milk, were discharged with ease. The child remained in the hospital a month and was then taken home ; but it gradually became thinner and finally died of marasmus six weeks after the operation. No colon or sigmoid flexure could be detected by digital examination, but the relatives could not be persuaded to allow any post-mortem examination, and so the presence or absence of a colon could not be verified. It cannot be said that a cæcum and ascending colon were not present in an abnormal place ; but the finger, when passed across to the right iliac fossa, could not detect them.

CASE 2. *Imperforate rectum, with penile fæcal fistula.*—F. F——, a male infant, was admitted into the General Hospital on Feb. 12th, twenty-four hours after birth, with a history of having passed fæces by the urethra, but none through the anus. There was a well-marked anal depression in the normal position, but the depression lead into a blind cul-de-sac lined by normal skin. Some bulging could be felt high up when the child cried. The tubera ischii were normally situated and the scrotum well forward. On the under surface of the penis, in the median raphe, and about three-quarters of an inch from the end of the glans, was the opening of a fistula, which just admitted an eye probe, and from which meconium was discharged at intervals in small quantities. The child was in all other respects apparently healthy. The urethra appeared quite normal and urine was passed unmixed with meconium from it. On the evening of February 14th the child became uneasy and vomited. On the 15th chloroform was given and a mesial exploratory incision was made at the site of the natural anus, a probe having been previously passed through the urethra into the bladder. The rectum was found three-quarters of an inch from the surface and an opening made into it, allowing a free discharge of meconium. The mucous membrane of the intestine was brought down to the skin on the left side and sutured to it. A small eye probe was then passed down this penile fistula and found to enter the bowel on its anterior surface about half an inch from its blind extremity. The fistula was quite distinct from the urethra, but ran parallel and superficial to it. The child was at once relieved and gained in weight rapidly. The anus showed very little tendency to contract, and the only after-treatment adopted was the daily passage of a small flexible rectal bougie. The fistula remained patent for some weeks. Suppuration took place at points along it, and after several small abscesses had formed and burst it is now finally closed. The child has been seen at frequent intervals since for infantile syphilis, from which several other members of the family have suffered, and is at present thriving and well.

(To be concluded.)

Reviews and Notices of Books.

A Text-book of Morbid Histology for Students and Practitioners. By RUBERT BOYCE, M.B., M.R.C.S. London : H. K. Lewis. 1892.

AN entirely new work upon morbid histology cannot fail to excite attention, for when we recall the great advance which has been made in this department of late years there seems ample scope for fresh writings upon it. It was therefore with more than common interest that we perused the treatise which has been produced by Dr. Boyce, who holds the office of Assistant Professor of Pathology in University College, London. The general plan of the work is rational and systematic. After an introductory chapter devoted to practical directions with regard to the methods of preparation of histological specimens the subject proper is dealt with under two main heads, which may be regarded as "General" and "Special." The chapters of the first division treat of Inflammation, Repair, Degeneration, Neoplasms ; those of the second with the morbid changes in each system of tissues and organs. Undoubtedly the most striking feature of the book consists in the illustrations with which it is embellished. These are coloured plates produced from actual photographs, and we can truly say that we have never met with so complete and perfect a series of micro-photographs as those here given. There is no lack of clear definition, and each figure tells, as it should, its own tale. The value of such a collection of faithful reproductions of microscopic preparations must be inestimable to the pathological student. We have drawn attention to this part of the work in the first instance because it would seem as if the author himself intended that his text should be, to a certain extent, subsidiary to the carefully-selected series of preparations which are depicted in the volume. At the same time, it is only right to add that he has not thereby suffered the subject to lack completeness, and that he supplies ample matter which cannot be illustrated by figures.

Devoting a closer scrutiny to the text we note that the author gives a lucid account of the inflammatory process, which is illustrated in the first place by a study of the changes in croupous pneumonia, and then in turn of those in mucous and serous membranes. He uses the terms "croupous" and "diphtheritic" in the sense generally adopted by the German school—namely, as denoting merely two types of exudative inflammation of varying severity, and illustrates this by a preparation from the colon of a monkey in which at different parts of the same specimen these two types may be observed. In speaking of the fate of inflammatory exudates and repair he demonstrates the occurrence of macrocytes having a phagocytic property, and shows how the process of organisation and vascularisation proceeds from the fixed elements rather than from the exuded leucocytes. So, too, he draws a distinction between the leucocytal proliferation and that of connective tissue elements in the process of chronic inflammation, for, if we understand him aright, he attributes to the former the main source of giant cells, to the latter the formation of new tissue. And contrasting by this light the differing fate of the granulomatous formations of tubercle and syphilis respectively, it might be inferred that the virus of the former acts less on the tissues themselves than does that of the

latter. The subject of the Healing of Wounds is clearly stated, and comprises the topics of sponge grafting and the absorption of ligatures. The changes which ensue in muscle, nerve and bone after injury are also discussed, and there is an instructive plate contrasting an uninjured nerve with the peripheral end of a nerve one year after its section. After describing the various forms of degeneration the interesting question of the infective processes is dealt with. Of these we may especially direct attention to the text and illustrations of tubercle and syphilis, which present within small compass the essential features of these prevalent processes. The classification of tumours adopted by Dr. Boyce differs slightly from those hitherto drawn up. He makes four main groups: (*a*) "Simple tumours and tumour-like hyperplasias of the more highly specialised tissues" (neuromata, myomata, hæmangiomata, lymphangiomata, endotheliomata); (*b*) "simple tumours and tumour-like hyperplasias of the tissues of the framework" (fibromata, chondromata, osteomata, myxomata); (*c*) "the rapidly growing and malignant forms of the preceding group" (sarcomata); (*d*) "epithelial tumours, simple and malignant" (1, of epithelial surfaces, 2, of glands). This arrangement has its merits and also its disadvantages, since it serves to confuse the tendency of growths to become generalised or to remain local with their structure and origin. It is not therefore purely histological. Dr. Boyce does well, however, to treat separately of cysts, of which he has not attempted any genetic grouping. In the present state of knowledge it is perhaps advisable not to make this endeavour. Then follows a highly interesting chapter on Congenital Formations, in which there is a careful collection of examples of formations arising in vestigia or fœtal rudiments.

Of the remaining chapters, which are assigned to the description of the lesions in each special system of tissues and organs, the blood and vascular organs are first treated, then the adenoid tissues, after which comes a chapter comprising Addison's disease, myxœdema, acromegaly and diseases of the bones and skin, a conjunction warranted only by the type of tissue which is the most affected in them. Necessarily these last-mentioned subjects cannot be dealt with exhaustively, but as they are rather overlooked by pathologists we may be grateful to the author for noticing them. As regards the rest of the work it suffices to observe that the morbid conditions of the liver are less amply treated in respect to illustrations than those of the kidney, whilst the section upon the changes in the brain and spinal cord is ample and excellent. It should be added that the work is prefaced by an introduction by Professor Horsley, with whose opinion we may coincide that the work is one "which cannot fail to be of much service to the student whether at home or in the laboratory, and of helpful suggestiveness to the original investigator." Lastly, we may highly commend the manner in which the book has been produced; we have already referred to the admirable illustrations, but we ought not to overlook the excellent type and paper, which, although increasing the bulk of the volume, add much to its readability. In a second edition, which cannot fail to be called for as time goes on, a few venial errors of omission and a few crudities of expression which we noted in the text will doubtless be rectified.

On Contractions of the Fingers and on "Hammer Toe." By WILLIAM ADAMS, F.R.C.S., Consulting Surgeon to the Great Northern Central Hospital &c. Second Edition. London: J. & A. Churchill. 1892.

IN the main this is a reprint of the earlier edition of Mr. Adams's *brochure* on Dupuytren's Contraction and on a New Operation for Unsightly Depressed Scars. The essay on Dupuytren's contraction is very little altered, but we find some modifications in the after-treatment. The cause of this deformity is now known to lie in the palmar fascia and its prolongations to the fingers, and Mr. Adams makes out an excellent case in favour of his method of dividing the fascial bands. A chapter is added on Congenital Contraction of the Little Finger or Crooked Little Finger, and Mr. Adams states that this curious deformity is due to shortening of the digital portions of the palmar fascia. When slight the deformity can be overcome by a very simple splint; when more severe, subcutaneous division of the tense fibrous bands in the finger is recommended. The essay on Hammer Toe contains an account of Mr. Shattock's specimens which were shown to the Pathological Society a year or two ago. Mr. Adams attributes the deformity to shortness of the lateral ligaments of the first phalangeal joint, and advises the division of these bands by a fine fascia knife as the appropriate treatment. We think that Mr. Adams hardly estimates highly enough the alternative method of treating this deformity. The chapter on the treatment of conspicuous depressed cicatrices is not materially altered in this edition, but Mr. Adams emphasises the value of the suggestion he previously made.

Notes on Pathology, a Handbook for the Post-mortem Room. By the late R. E. CARRINGTON, M.D.Lond., F.R.C.P. Edited, revised and amplified by H. EVELYN CROOK, M.D., B.S.Lond., and GUY MACKESON. London: H. K. Lewis. 1892.

THIS is a useful little book, compiled by one who had the gift of teaching in no ordinary measure. Students will appreciate its value and be grateful to Dr. Crook and Mr. Mackeson for its production. In systematic fashion and in concise terms the chief facts in morbid anatomy are expounded, so that it constitutes a practical guide to the post-mortem room similar in kind and scope to the multifarious manuals devoted to the subject of clinical medicine. It might perhaps with advantage have been made to include a chapter on the technique of post-mortem examinations and the preparation of histological specimens. For the text itself we have nothing but commendation, although the terseness that characterises the descriptive matter is sometimes a drawback, and despite the fact that it hardly seems in keeping with the purport of the book to include under heart disease some paragraphs referring to its symptoms during life. Dr. Goodhart contributes an introduction, and points out that it is during his studentship that the practitioner has almost the only opportunity of becoming acquainted with the facts of morbid anatomy; he believes that this branch of knowledge is "more inspiring, more instinct with the gifts of a sober self-confidence and of comfort in the many exigencies of the practice of medicine than any" other source of information.

BEQUESTS AND DONATIONS TO HOSPITALS.—The late Mr. T. J. Evans, of Brecon, bequeathed £200, free of legacy duty, to the Merthyr General Hospital.—Mr. Edwin Smallwood, late of Redditch, bequeathed £15,000 for the erection and endowment of a Cottage Hospital in that town, and £3000 each to the General and Queen's Hospitals, Birmingham.—The Fishmongers' Livery Company has voted fifty guineas to the Royal Sea-bathing Infirmary at Margate.—Baron de Hirsch has forwarded to the committee of the Royal Hospital for Women and Children, Waterloo Bridge-road, a donation of £500 in aid of the funds.—The authorities of the General and Jaffray Hospitals, Birmingham, have received notice of legacies from the executors of the estate of the late Mrs. Mary Smith, of the Red House Inn, New John-street West, of £250 for the General and £200 for the Jaffray Hospitals.—The workmen of Sir William G. Armstrong, Mitchell and Co. at Elswick have contributed to the local medical charities £259 9*s.* 7*d.* for the quarter ending the 30th ult., of which £191 4*s.* 7*d.* was apportioned to the Royal Infirmary.—The late Mr. W. Reed, of York surgeon, bequeathed £100 to the York County Hospital.

THE LANCET.

LONDON: SATURDAY, JULY 30, 1892.

THE thoughtful and suggestive address which Professor CUMING delivered on Wednesday at Nottingham opens up many questions of paramount importance in the study and pursuit of medicine. In the first place his protest against the inclusion of pure science in the medical curriculum is likely to find many sympathisers; but it is a view which can only be advanced with qualification. No one can gainsay the statement that chemistry has advanced far beyond the limits in which it was confined when the scientific chemist was also the physician; but this is true of all the sciences. They were in their infancy fostered by the only section of the community that was then cultivating the scientific spirit of inquiry; and their early steps were guided by men who had attained eminence in the domain of physic. Hence it was that in the schools of medicine alone could either chemistry or botany find a place; but now that they have an established position of their own and no longer need such fostering, there seems to be more than sufficient reason why they should no longer hamper the medical course. In this matter it seems to us that we are coming to a critical period in medical education, and that it is time to recognise more clearly than is our wont the value to all who intend to embark in a medical career of a sound preliminary training in the elements of the sciences. The system of preliminary scientific studies which obtains in all the Universities should be made general, and the subjects they include should be relegated to a period of the student's career antecedent to his embarking on the professional course, as has been recommended by the General Medical Council. We concur, therefore, with Dr. CUMING in his desire to rid the strictly medical curriculum of such subjects as chemistry and physics, but we do not believe—and he can hardly advocate—that the student should enter a medical school destitute of all previous training in subjects without a knowledge of which physiology would be an irksome, or rather impossible, task. There must be schools of science side by side with schools of medicine, and the training in the former must not be taken as part of the training in the latter. True this change would entail a greater expense on those responsible for the youth who desires to enter our profession; but if he is to be an efficient member of it, and to hold his own in face of the ever-widening sphere of medical practice, he must build on strong foundations, and the eventual gain will be worth the needful expenditure of time and money.

The main part of the address was devoted to an able review of the present growth of knowledge in the most complex of physiological and medical studies—namely, that which embraces the higher functions of the nervous system. Dr. CUMING introduced this subject by a passing reference to the advances made in our conceptions of cellular pathology and the intimate processes of disease; and this conjunction of topics at present uppermost in the minds of pathologists, curious as it may seem, yet demonstrates the vastness of the field which comes under the purview of medicine. His reference to hypnotism was fair and cautious, but he did wisely in not discarding a subject which has the misfortune to be so largely mingled with trickery. Now, however, that its phenomena have attracted the attention of science, it is incumbent on those who study it to do so with purely scientific aims, and in particular to test again and again the allegations that physical changes may take place in the hypnotic state which cannot be induced apart from it. The conditions of modern life and the feverish activity among men to become rich or famous, quite as much as the greater fierceness of the struggle for existence, are responsible doubtless for the increasing amount of functional, nervous, and mental disease in these days. The profession is almost impotent to check this development, since its counsels of temperance in life, thought and action fall on deaf or unwilling ears. Nevertheless, if we cannot control the causes of nervous disease with the power that can be exerted in many another class of human afflictions, we can and ought to cultivate the study of normal mental action to enable us to comprehend more clearly the relationship that exists between the physical and the psychical, and thus possibly to gain some sounder knowledge of therapeutic measures for the mentally enfeebled. Herein we cordially support the arguments of Dr. CUMING, and consider that he has rendered the profession a service by pointing out how much there is still to be learnt in the region of psychical phenomena, and the best method to adopt in their study.

DR. HINGSTON in no way overstated the difficulty of his position in the opening sentences of his Address in Surgery at Nottingham, but he overcame them in so skilful and graceful a manner as to make it difficult to believe in their existence. Avoiding any one special topic he touched lightly and dexterously on many, and with equal wit and wisdom. His text he reserved for the end of his discourse, and few of those who listened to the address guessed how all was leading up to the one conclusion that the whole is greater than a part.

His opening plea for rest was worthy of greater elaboration, especially as in his view there is greater unrest and hurry on the other shore of the Atlantic than on this. There is great danger lest the want of time for calm and patient thought may soon beget the want of inclination for, and even the loss of power of, continuous thought. A replica of REYNOLDS' portrait of JOHN HUNTER might well be hung in every medical school and library in the kingdom, for it would be a silent and eloquent plea for calm and patient thought amid the ever-increasing rush and bustle of life. The mere prevention of hasty judgments, ill-considered opinions and erroneous views would not be the only result of such a frame of mind on the part of surgeons. All their work would be better done. It is a vain regret, however; and while we reap such a rich harvest of advantage from all the modern discoveries and methods which so destroy mental rest we must be prepared to pay for it in full. Dr. HINGSTON'S defence of Transatlantic medical literature was, so far as it went, just. The local touches, the references to the special difficulties of surgical practice in a new country and to the special traits of character these difficulties create, were admirable and formed an excellent foil to the more

serious treatment reserved for the closing part of the address. Specialism in surgical practice has been a favourite theme with orators and writers, and it is noteworthy that a distinguished Canadian surgeon is as keenly alive to its evils as the most conservative of Europeans. Dr. HINGSTON spoke of it, however, not in terms of unmeasured condemnation. He pointed out that advantages have accrued from specialism and considered that a necessity for it had arisen from the enormous developments of knowledge in every department of medical science. His remarks on the cramping, narrowing and distorting influence of specialism ought, therefore, to receive the patient attention of those to whom they are addressed.

The best part of the address was reserved for the end, where Dr. HINGSTON pointed out the need for a proper mental outfit for every student and practitioner of surgery. The enormous development of the science and also of the art of surgery throws a much greater strain upon the student and heavier responsibility upon the practitioner than was formerly the case. Unless care be taken to prepare the mind for such work we cannot hope to find the strain well borne. How this preparation is to be attained it is difficult to say exactly. Some have recommended the study of science, others of the classics. Whatever it be the mind must be not a storehouse of facts alone, but an observatory and a factory. The student of surgery should never be a mere student of surgery, but always something more—a man who can look at the facts brought before him in their true relation to each other and to the whole; one who can regard even the all of surgery as but a single part of the great whole of life. Some may think it strange that such a call to raise the standard of general education of medical students should come to us from a Canadian; but this fact gives it additional importance. The colonies can fairly ask the mother country to show them the lead in such a matter, and we ought to be able boldly to do so. Something has been done, much more remains to be accomplished; and it will need the help of every discerning man. The immediate and direct influence of education is thought too much of; its indirect effect is valued far too little. We therefore hail Dr. HINGSTON'S closing remarks with special pleasure and satisfaction.

THE proceedings at Spencer House of those constituting the conference summoned by Lord SANDHURST to discuss the conclusions of the Lords' Committee on the Management of Hospitals and Dispensaries are rather significant. The chief conclusion of the Lords' Committee was in favour of a proposed Central Board with various powers and duties, such as the following: To publish an annual report giving a complete statement of the financial position of each medical charity, the sanitary condition of the same, the number of beds used and the number not used; the method of dealing with out-patients so as to secure the coöperation and coördination of all the medical charities; to report on proposals for building new hospitals &c. Such powers, of course, imply those of visiting the various hospitals and dispensaries and auditing their accounts. The Committee, while discouraging the idea of a Government inspector, distinctly recommended that the Central Board should have power to receive endowments, legacies and other contributions for distribution among medical charities. It is around the proposal for a Central Board that most of the discussion on the work of the Lords' Committee is likely to turn. Already there are two strong diverse views, one for and the other against such a board. Those who are against it say, naturally enough, that it is an invasion of the voluntary principle, on which the whole of our hospital system is founded, and that it would be resented by the committees and subscribers of the individual charities who already give valuable time and money to the present system as a voluntary one. This diversity of opinion found a sort of negative expression the other day at Spencer House. Lord SANDHURST proposed that the conference "should appoint a committee to take into consideration the conclusions arrived at by the Lords' Committee on Metropolitan Hospitals, *and to report as to the composition and duties of the proposed voluntary Central Board or such other scheme as may be arrived at after due deliberation.*" Sir DOUGLAS GALTON suggested that the motion should stop at the words "metropolitan hospitals." Lord SANDHURST adopted the suggestion, and it was agreed to. Of course this does not exclude the proposal from the purview of the Committee; but it gives a clear intimation that it is to have no special attention and has no special recommendation from the conference itself. The force of the objections to such a board is obvious, as well as the delicacy of any central control over free and voluntary institutions. On the other hand, there are strong countervailing considerations. We shall say little of the fact that a very intelligent public investigation into the hospitals question at Birmingham ended with a similar recommendation—the formation of a general council representative of all the public medical institutions of the city; nor of the fact that there is practically no alternative proposal for dealing with the difficulties of the situation. We would rather examine some of the plausible objections to the proposal, and then inquire whether they are really so forcible as to preclude a careful experiment in this direction. One great objection is that such a proposal might stop the flow of voluntary contributions. We doubt this. We would point out that under the existing system the flow of voluntary contributions is, if not abating, altogether inadequate to the needs of the case. There are two thousand vacant beds that cannot be used till the sum of £50,000 or £55,000 more is actually forthcoming.

This deficiency does not arise from want of wealth—spare wealth for such a splendid purpose. It arises partly from an impression that there is some carelessness or lavishness in the multiplication and administration of hospitals, which might be corrected by a little control from a friendly central supervising body. Too much centralisation may be a bad thing, but without it there is a tendency to excessive growth and unseemly competition which bring charity itself to pauperism and diminish respect for it. We incline to think that the central body, *if properly constituted*, would inspire confidence both in the public and in the managing bodies of existing charities, which so nobly discharge a laborious and unpaid duty, and thus lead to an increase in public support. There is another consideration. We cannot ignore what the Lords' Committee point out, that the hospital system of London at the present moment is not altogether a voluntary one. The creation of Poor-law infirmaries and rate-supported Asylums for infectious diseases has altered the position

greatly, and this alteration must be faced. We sincerely trust that nothing will ever obliterate the voluntary hospitals, which are the glory of England; but it is essential to consider that the other institutions affect both the feelings of the poor who use them and the ratepayers who have to support them.

The great thing is that the central body should be well chosen and should be chosen mainly if not entirely by the voluntary institutions of which we are all so justly proud. The hospitals and dispensaries have shown the greatest respect for the Hospital Sunday and Hospital Saturday Funds and have met their criticisms with every attention and desire to make improvements. This would be still more the case if the central body existed chiefly for the purpose of friendly supervision and the prevention of excessive growth of what is already too large for easy support. The proposal to give it powers of receiving endowments, legacies and contributions seems to us one for much reconsideration. It would tend to divert the income of individual hospitals and give rise to much jealousy. We cannot doubt that a central board elected by the medical charities would have their entire respect and might likewise command the respect of the benevolent on whom our voluntary charities depend. We shall await with much interest an expression of the views of the committee appointed at Spencer House, not only on the proposal for a Central Board but with regard to all the conclusions of the Lords' Committee.

THE volume dealing with the work of the Metropolitan Asylums Board during 1891 contains the reports of the Statistical and Ambulance Committees, as well as of the superintendents of the infectious and imbecile establishments of the Board. The Statistical Committee congratulate themselves on the incorporation in the London Public Health Act of 1891 of the amendments to the Notification Act of 1889 that they previously suggested, but still regret that notification does not apply to the royal palaces, barracks, police stations and prisons. The committee further regret that there is no central authority to trace outbreaks of infectious disease or to carry out measures of disinfection and revaccination, and draw attention to the fact that these duties are at present divided between the sanitary and Poor-law authorities of the metropolis, the County Council and the Local Government Board. They suggest that the Managers should petition Parliament to invest such a central authority with power, not only to remove and isolate the sick, but to disinfect "premises, bedding, &c.," to vaccinate those exposed to infection, to investigate the origin of outbreaks and to compensate persons detained in quarantine. These are far-reaching and bold suggestions, and, inasmuch as they seem to have been adopted by the Managers, they deserve more than casual notice. Without in any way decrying the useful work performed and being carried out by the Asylums Board, it is clearly open to objection that the Board as at present constituted could not with any satisfaction cope with the colossal task that the Statistical Committee would set it to do. To concentrate such wide powers in a body which many, rightly or wrongly, consider an administrative anachronism, inasmuch as its members are partly delegated, partly nominated, and in nowise representative of the ratepayers of London, would be a step requiring the utmost consideration. The Board at present has neither the staff nor the appliances to carry out the several duties suggested, nor has it any responsible medical or hygienic advice upon which to act. Matters of disinfection and vaccination alone would involve the need of expert assistance of the highest kind, and so would questions of detention in quarantine stations, to say nothing of etiological investigation. The Board is in reality not a sanitary authority at all, but a removal and isolation authority. If there is to be any change, it would be altogether easier and more convenient to graft removal and isolation powers upon an existing superior sanitary authority than to cumber a removal and isolation authority with multifarious sanitary duties. Indeed, the suggestion of the Statistical Committee clearly involves the fallacy that cases removed are the only ones that occur. If the Asylums Board were to become such a body as that proposed it would have to take over the whole machinery of notification.

We are glad to find that the Statistical Committee do not agree with the remarks of the medical superintendent of the hospital ships as to the uselessness of tabulating records of the vaccination marks of small-pox cases. They point out that the kind of record was settled in conference with the Local Government Board in 1887, and quote Dr. EDWARD SEATON'S observations upon the value of such records. Dr. BIRDWOOD'S remarks on this subject appear open to grave question. He says, first, that "vaccinated small-pox patients afford evidence of the failure of vaccination to protect small-pox," without any reference to date of small-pox after vaccination, the nature and result of the attack, and the character of the vaccination. Then he minimises the evidence abundantly accumulated as to immunity of exposed persons who are vaccinated Lastly, he decries measurement of scars, stating "we do not know the rate of growth of scars." Dr. BIRDWOOD is perhaps unaware of the fact that scars of infantile vaccination rarely increase after the third year, so that he should be able to record definite results concerning his vaccinated patients, most of whom will be over the age of ten years at least. It would be disheartening if valuable scientific material of this kind were wasted, and we are glad to find the Managers alive to the importance of the matter. Reference is made to the continuance of errors in diagnosis in cases sent to hospital and to the fact that all the hospitals are now available for clinical study. The need for an additional hospital in the north-east of London and of another convalescent establishment in the south is emphasised.

As regards the reports of the several medical superintendents, nothing of any general scientific interest is recorded, except the continued appearance of diphtheria in scarlet fever patients, which obtained during 1891 in five of the six fever hospitals. This is a subject of great importance, which deserves the attentive notice of the Local Government Board experts. Mr. MANN, of the Eastern Hospital, records nineteen recoveries from tracheotomy out of eighty-two operations, a very creditable record. He adds that in seventeen of these the trachea was undoubtedly invaded. Dr. BIRDWOOD gives some interesting illustrations of the subtle and intensely active manner in which small-pox spreads.

Numerous tables, diagrams and spotted maps are appended

to, and illustrate, the Board's report; they are neatly put together and presented. We notice that the percentage mortality of scarlet fever, diphtheria and enteric fever was lower in 1891 than in any year during the preceding quinquennium. This may reasonably be ascribed to the improvement in the nursing arrangements at the several hospitals of the Board.

A STRIKING example of the haphazard manner in which great questions are treated in this country is the appearance of an important opinion on medical education as an accidental incident in the course of inquiry into London hospital management at the very moment that a Royal Commission is considering how the problem of granting a Teaching University for London can best be solved. Whilst investigating the position and management of the London hospitals the Select Committee of the House of Lords examined the deans of the medical schools and other prominent members of the profession as to their opinions on medical education. The income and expenditure of each school was inquired into and the amount of fees paid to the teachers was also asked. We agree with the Committee that, "speaking generally, the remuneration of the teaching staff is certainly not high." The question of residential colleges for medical students was also referred to, and it would seem from the evidence of the deans of the Middlesex and St. Mary's Hospitals that they are not so popular or so eagerly sought after as is generally supposed. The discipline and general conduct appear to be very satisfactory, for "serious offences inside the hospital itself appear to be almost unknown." With regard to the formation of a central medical university in which anatomy, physiology, chemistry and other subjects should be taught by experts the opinions of the witnesses were of the widest range. Many urged its formation, whilst others took the view that medical teaching could best be carried out by teachers engaged in the actual practice of the profession, as it would then tend towards a practical outcome rather than have a merely scientific and theoretic bias. Most of the witnesses, although opposed to any interference with the larger of the existing medical schools, thought it advisable that some of the smaller ones should be amalgamated, or that there should be some central schools where their students could be instructed in the scientific or non-professional subjects. The Committee evidently are strongly in favour of a Teaching University, for they sum up the question in these weighty words: "The Committee consider it well worthy of consideration whether it would not be advantageous that the medical schools in London should affiliate themselves to a teaching university or organisation after the nature of colleges in a university, with the view to securing first-rate lecturers for the subjects which can be taught in classes as distinguished from clinical instruction." This expression of opinion on the part of their lordships should be brought to the notice of the Royal Commission and not be buried in a blue-book where few persons would be likely to see it or would expect to find it. At the same time it should be remembered that every branch of medical science has now to be taught practically, so that large classes are both undesirable and impracticable. The Committee are in favour of the opening up of the Poor-law infirmaries for clinical instruction, but they do not suggest any reorganisation of the medical staffs of these institutions, and without some alteration it is obvious that proper clinical teaching cannot be given.

Annotations.

"Ne quid nimis."

THE MEDICAL DEPARTMENT OF THE LOCAL GOVERNMENT BOARD.

THE changes which were necessitated in the staff of the Medical Department of the Local Government Board in consequence of the resignation of Sir George Buchanan, F.R.S., and the appointment of Dr. Thorne Thorne, F.R.S., as principal medical officer have, after much delay, at last been effected. Mr. W. H. Power, as was always anticipated, has been promoted to the post of assistant medical officer. The appointment will be received with satisfaction by the many who have followed the able researches and investigations with which his name is associated, and even more so by those who have had personal experience of the valuable and courteous help which he is always so ready to afford to those who voluntarily seek his friendly criticism of their work and conclusions. Mr. Power's name will always be identified with the great progress which has been made in the study of the relation of diseases in man to ailments in the lower animals. Dr. H. F. Parsons has been appointed to the post of second assistant medical officer, and his addition to the permanent medical staff at Whitehall brings with it the advantage of many-sided skilled knowledge on a number of medico-scientific subjects in their bearing on public health. Dr. Parsons' special reports on such subjects as the various methods of disinfection and on epidemic influenza are recognised as standard works, and they show a great capacity for utilising for public purposes information which has heretofore been too widely scattered and too vague to be of practical service. The vacancy in the inspectorial staff which has thus been created has, we understand, been filled by the appointment of Dr. H. T. Bulstrode, who is honorary secretary to the Epidemiological Society, senior assistant medical officer to the Metropolitan Asylums Board hospitals, and an Examiner in Hygiene to the Science and Art Department of the South Kensington Museum.

"TAKING THE OATH."

BEFORE the next issue of THE LANCET appears the newly elected members of the House of Commons will have met and some members will have taken the oath and their seats. Since the last general election took place the Oaths Act of 1888 has been passed. It allows those who have no religious belief as well as those who believe that oath-taking is contrary to their religious belief to make an affirmation. It also permits those who may prefer to do so to be sworn with uplifted hand in the form and manner in which an oath is usually administered in Scotland. A reference to THE LANCET of March 24th, 1888, page 586, and April 21st, 1888, page 800, will show that this clause is in conformity with the suggestions made by us. Whether this is a case of *post hoc ergo propter hoc* we will not presume to say, but the coincidence is at least remarkable. It was stated recently in the papers that advantage was taken of each new Parliament to have the mace regilded and new wigs supplied to the Speaker and Clerks at the table. Whether a supply of New Testaments and copies of the Pentateuch is also the rule we are not told. But it is probable that the Scotch members might wish to be

sworn as they are in their own country and that many other members might also prefer this mode of adjuration. We reproduce the clause in its entirety:—"If any person to whom an oath is administered desires to swear with uplifted hand, in the form and manner in which an oath is usually administered in Scotland, he shall be permitted so to do, and the oath shall be administered to him in such form and manner without further question."

A TEACHING UNIVERSITY FOR LONDON.

DURING the past week Mr. Watney of the City and Guilds of London Institute; the Rev. Prebendary Wace, D.D.; Sir Joseph Lister and Dr. Priestley of King's College; Sir James Paget and Mr. A. Milman from the London University; Drs. Liveing and Norman Moore on behalf of the Royal College of Physicians; Dr. Dykes, Professor Whitehouse and Dr. Reynolds for the various theological colleges; and Professor Emmett of Baltimore have given evidence. The delegates from the medical schools presented their case on Thursday and, whilst there are many points of individual difference in opinion, they are agreed that (1) degrees in medicine should not be placed beyond the reach of the majority of their students; (2) that the teachers should have greater control over the curricula, syllabuses and arrangements for examinations in medical subjects than they at present possess; (3) that either a purely local university for graduation should be established, or that if a modification of the existing University of London be recommended no modification would be satisfactory which did not provide for the granting of degrees restricted to London students and under the substantial control of the London teachers. The London schools of medicine would also claim recognition and representation in any new or remodelled university, and they would ask for a share equal to that of any other faculty in the government of any such university. These demands seem to us to be absolutely prohibitive of any "professorial" scheme, in which the governing bodies of the medical schools would have no direct influence or power. The following are the names of the delegates who were examined on Thursday:—Dr. Shore (St. Bartholomew's), Mr. Stanley Boyd (Charing-cross), Dr. F. Taylor (Guy's), Dr. Dickinson (St. George's), Mr. Page (St. Mary's), Dr. Coupland (Middlesex), Dr. Payne (St. Thomas's), Prof. Schäfer (University College) and Mr. Spencer (Westminster). Mr. Stanley Boyd gave evidence as principal witness on behalf of the schools, and was followed by Prof. Schäfer, Dr. Dickinson, Dr. Shore, Mr. Page and others.

BURIED ALIVE FOR SEVENTEEN DAYS.

THE teaching of experience as illustrated by several recent instances of prolonged abstinence, though it may afford some idea of human endurance in this particular under special conditions, has yet provided no certain criterion of the vital resistance possessed by the average man when suddenly deprived of every form of sustenance. The measure of this force may nevertheless be gauged with approximate correctness from the history of recurrent instances of prolonged and accidental privation. As an example the following is remarkable even in this category. It is the narrative of three Bohemian miners who after being entombed by a fall of sand in the pit where they were working were finally rescued alive, though of course in an utterly prostrate condition, seventeen days later. During the period of their live-burial air was pumped down to them by bore-holes. On this they may be said to have lived without food and without water. The total want of the latter is what makes their survival so remarkable. But for this essential the longer fasts of professional fasting men would have been quite impossible. We can have no difficulty in understanding generally why this holds true if we bear in mind the fact that not only does water constitute by far the greater constituent of every tissue, but that without its due proportion the circulation and nutrition of the blood and that needful if costly chemical change upon which all tissue repair depends would be alike impossible. In endeavouring to trace the *rationale* of a life persisting, as in the case of the buried miners, in spite of the absence of every natural condition we must notice one or two significant points. In the first place their condition was that of rest, their functional metabolism being proportionally less active, their waste of tissue diminished and their output of carbonic acid not so likely to overcharge the surrounding atmosphere. Further, we may take it for granted that a robust physique had no small share in the conservation of vital energy. Much depends in such cases on the amount of nitrogenous matter stored up, for the most part in muscular tissue, and available for destructive changes. We may safely assume that the amount of reserve nitrogen in the case of these men was not meagre. It is mainly, no doubt, to this circumstance that we must attribute, not only the fact of their existence, but the still more remarkable prospect of their convalescence and ultimate recovery.

"LIFEBOAT SATURDAY."

THE chairman of the Manchester and Salford Lifeboat Saturday Committee has made an appeal in *The Times* which appears worthy of attention by those who are interested—and who are not?—in the welfare of all "who go down to the sea in ships and do business in great waters." Lifeboat Saturday in Manchester and Salford resulted, we are told, in October last, in the raising of no less a sum than £5500; and Liverpool, Bolton, Oldham and Stockport have already followed the excellent example set by the first-mentioned northern cities. There is no reason apparent to us why so admirable a movement as that already started should not become a national institution like that of Hospital Sunday. True, the classes to be benefited in the two cases are diverse, but the relief of the destitute sick and the rescue of those in peril of shipwreck are objects which should equally command the sympathies and aid of humanitarians of all grades in society.

INFLUENZA IN NEW SOUTH WALES.

WE have received the official report on the Epidemic of Influenza in New South Wales during 1891 of the Chief Medical Inspector, Dr. Ashburton Thompson, to the President of the Board of Health, Sydney, dated May, 1892. This is a welcome addition to the history of influenza. The large area of the province invaded and, excepting in the capital, its sparse population show—in Dr. Thompson's words—"upon evidence sufficient to convince that the spread of influenza was by slow degrees, both over the metropolitan district regarded as a place by itself, over the larger towns considered as places by themselves, and over the country as a whole; and that it was in every respect accordant with what was known to be the habit of the communicable diseases." This conclusion has a foremost place in the report, opposing some old statements in the preamble of influenza spreading on the wings of the wind, of large districts suddenly invaded, of pandemic extensions due immediately to atmospheric changes; yet Dr. Thompson begins by saying—"The pandemic which began in 1889 reached New South Wales in 1890." The use of this term, though fairly represented in the sequel, is misleading, as two cases are reported from the remote village of Hillston in July and August, 1889, one at Albury before Dec. 10th, and one case in Sydney on Dec. 25th, 1889. The disease started as an epidemic in March, 1890, and took from ten to twenty-two weeks in its deliberate spread. As with us, a recrudescence of the disease occurred in the following year from July to October, 1891, but instead of beginning in Sydney "some places in the country began to suffer before the capital," supplying cases to the middle of August, while the reports from the metropolitan district stand blank. The report continues: "The new con-

flagration may in some country districts have relighted from embers still smouldering there unobserved; but the more extensive outbreak again followed that of the capital in a way to suggest connexion between the two such as would be expected in the case of an infectious disease by one acquainted with local conditions of trade &c." The disease subsided in November and again during the following April there was slight recrudescence. The seasons, though the reverse of ours, seem still related in some way to the prevalence of the disease. Whatever the condition of the air, the presence of an infecting particle is assumed throughout the report as necessary to influenza and the conditions under which it acts are well discussed. "A special mode of communication must be inferred, as propinquity, though it may be necessary, is insufficient by itself."

SLANDER OF A MEDICAL MAN IN BANFF.

THE *North British Mail of Glasgow* contains a report of an action in the First Division of the Court of Session before the Lord President and a jury, brought by Dr. Barclay of Banff against Mr. Robert Duncan, merchant, of Banff, for £1000 damages for alleged slander. The plaintiff had practised in Banff and held various medical offices there since 1863. He was one of the visiting surgeons of Chalmers' Hospital, but owing to differences with the officials he had resigned, and sent his resignation to the defender. The pursuer complained that the defender had on various occasions slandered him by stating that he was guilty of using indecent familiarities with the nurses in the hospital, and that these statements were false, malicious and calumnious. In the course of the evidence it appeared that the word "familiarities" had been used with all its mischievous insinuations, but under cross examination the defender said he did not believe there was any "impropriety" on Dr. Barclay's part. The pursuer's manner was known to be frank and fussy. It is certainly rather hard on a respectable man, even if a little frank and fussy in manner, to be charged with "familiarities," and we are glad that the verdict was given to the pursuer, with damages at £200. The defender was let off mercifully, and will perhaps learn to speak with more caution where the character of medical men is concerned.

A SERIOUS NUISANCE.

HAMMERSMITH has been suffering from a serious nuisance. The owner of a piece of land has been engaged in digging out and selling gravel from it; and, the land being near the river, water has filled the hole which has thus been created, making a pond containing from one and a half to two million gallons of water. Into this pond has been pitched the refuse of the neighbourhood and this decomposing has poisoned the air with foul odours, which have driven those resident in the vicinity of the pond from their homes. How this has been permitted to occur is not evident, but the fact remains that a gigantic nuisance has been created which deserves all the condemnation it has received at the hands of angry ratepayers. When the nuisance had become patent the vestry of Hammersmith held an "emergency meeting" and served a notice upon the owner, calling upon him to abate the nuisance within seven days. The County Council then became cognisant of what was taking place and made inquiry into the matter; but the vestry, having instituted proceedings, were not in default, and the council, like everyone else, has to wait the result of the action of the vestry. In the meantime a correspondent of *The Times*, whose vexation evidently makes him ignore the fact that the council is limited by the terms of an Act of Parliament, attacks the council and the vestry alike, and later solaces himself with the statement that his published letter was the means of making the council undertake a duty which it was quite impossible they could perform before the vestry was known to have failed. The owner of the pond has now proceeded to take steps for the abatement of the nuisance and men are engaged in pumping the offensive water into the sewer, and in filling in the pond with earth. If his efforts should prove insufficient or should in any way relax the vestry must obviously summon him before the magistrate and this we anticipate they will not be backward in doing, for the eyes of the public are upon the Hammersmith vestry, and no sympathy will be felt for a sanitary authority which does not use all the powers it possesses for removing from its district so serious a menace to the public health.

CENTENARY OF "THE RETREAT" AT YORK.

A HUNDRED years have elapsed since the foundation of an Institution for the Insane which has excited admiration in all interested in their welfare, whether at home or abroad. The Medico-Psychological Association held its annual meeting at York this year on July 21st, to mark its appreciation of an event so beneficent in the reform of the treatment of the insane. The medical superintendent of the Retreat, Dr. Baker, was appropriately elected President on the occasion. Dr. Yellowlees moved a resolution, which was unanimously adopted, expressing the Association's warm appreciation of the work effected by the founder, William Tuke, and his fellow-workers in regard to this remarkable asylum, where chains were unknown at a time when it was supposed they could not be discarded with safety, and where gentleness and consideration were substituted for inhumanity and empiricism. The inestimable benefits conferred by the philanthropic and far-sighted founder well deserve the recognition it has just received in so striking a manner in the place of its birth. A very remarkable feature of the occasion was the number of congratulations which poured in from the psychological associations of America and Europe. The English, Scotch and Irish boards of lunacy paid a high tribute to the movement in the interests of the insane commenced in 1792. A highly interesting circumstance occurred at the meeting at York. The great-grand-nephew of Pinel, Dr. René Semelaigne, was present to speak for his nation and his family. It was a happy international recognition of benevolent action common to both countries and was responded to by Dr. Hack Tuke's proposing the health of the French physician, which was duly honoured. Belgium was worthily represented by Dr. Morel of Ghent, the President of the Medico-Psychological Association in that country.

THE PROGRESS OF CHOLERA IN EUROPE.

CHOLERA continues to make steady headway in Russia and we have now reached a stage when even the incomplete official returns admit about 1000 fresh attacks and some 550 deaths per diem. It is possible that south of the Caucasus the disease may have somewhat diminished, but, on the other hand, the disease has spread westwards round the Sea of Azov and to Kertch, and it is also reported to have invaded Roumania. No details are as yet to hand as to this last invasion, which, if true, is of serious import to Europe. A further extension of cholera northwards and along the branches of the Volga has also taken place, and at last there is no question as to the prevalence of the disease in Nijni-Novgorod, where the preparations for the great fair and the subsequent dispersion of caravans may serve as a medium for distributing the infection such as will be beyond control. The German Government are evidently very anxious as to their eastern frontier and their Baltic ports. At each such port and at frontier towns where traffic crosses the boundary inspection stations have been established and it has been decided that such articles as used linen, old clothes, rags &c., shall not be admitted. Some check seems also intended as

regards the emigration which is now going on from the western provinces of Russia. Prussia is also watchful on her eastern frontier, Paris being in this case the centre of suspicion. This suspicion must also be shared by us, for no proper account has ever been issued as to the actual cause of the cholera which has been going on in the northern suburbs of the French capital, and some of the official records have come to a standstill since alarm became general. In the suburbs the disease seems for the moment to have distinctly subsided in severity, and we earnestly hope that this abatement may be maintained. On the other hand, we have an account of Dr. Brouardel's inspection of the asylum at Chartres where forty patients have been attacked, of whom twenty are stated to have died within a week. One report says emphatically the disease is cholera nostras, but so long as half the people attacked die it matters very little what name be given to the cholera, whether in the Paris suburbs or at Chartres. For a similar reason we can attach but little importance to the announcement which comes by telegraph to the effect that Dr. Proust reports, "there is in France ..... no invading or imported cholera." We fear all Dr. Proust's utterances are not published, and under any circumstances the cholera which has prevailed is very fatal and hence very serious. We trust no invasion may ensue. And as regards importation, we shall look with great interest to Dr. Brouardel's and Dr. Proust's further announcements. They are both recognised authorities and their untrammelled utterances will be of the greatest value. One of the most remarkable features of this occurrence of cholera in France is the apparent absence of any history of importation. But the disease began in a district where cholera prevailed in 1884, and it may be either that the present outbreak is a recrudescence after a singularly long interval, or else that there is some history of comparatively trivial occurrences of a like sort in and about the same suburbs in past summers, and that these occurrences have served as a connecting link between the cholera of 1884 and 1892. This might explain the comparative feebleness with regard to diffusion which a somewhat exhausted infection would be expected to display.

THE SOCIAL EVIL.

BY a coincidence the first lesson for the morning service on July 27th which generally comes in the height of the London season and which this year fell on a Wednesday is the seventh chapter of the book of Proverbs. It is the chapter which describes in stern language relieved in parts with beautiful passages the scene between the young man void of understanding and the woman with the attire of a harlot. It is terribly significant of the persistence of prostitution that the description of the sight witnessed by Solomon "in the twilight in the evening, in the black and dark night," nearly 2900 years ago should be read in our cathedrals and churches in the morning and be reproduced in our streets the same and every evening almost to the letter. The wise man endeavoured by warning to induce the young men of his day to adopt wisdom and to avoid vice. In the pages of THE LANCET similar advice has been frequently given, and the high moral tone adopted by Sir William Jenner, Sir James Paget, Dr. Gowers and many other leading physicians and surgeons must have its effects upon the present and future generations. It is the more necessary to repeat this since many excellent persons of both sexes have been too ready both to state and to persist in stating that young men have had medical sanction for believing continence to be dangerous to health and incontinence justifiable on physiological grounds. George Herbert's words, "Continence hath his joy," is not merely a poetical effusion, but a sober truth, of which most medical practitioners have both positive and negative evidence. The excellent advice given by the manly author of "Tom Brown at Oxford," that "the best thing to do with wild oats is to put them into the hottest part of the fire and let them burn there," should be taken in conjunction with Sir James Paget's words, "Chastity does no harm to mind or body, discipline is excellent; marriage can be safely waited for." While heartily re-echoing these grand words we still lament that more is not done by legislation to remove temptations from young and thoughtless men who are compelled by their avocations to pass along the streets at night. That the streets should be permitted to remain the happy hunting ground of aggressive prostitution is an evil which cannot be justified, and calls loudly for vigorous measures of repression.

ESCAPE OF A SCARLET FEVER PATIENT.

LAST week we had to comment on the escape of a patient suffering from small-pox from a hospital for infectious diseases. This week a similar incident is reported at Aberdeen. A boy eight years old, suffering from scarlet fever, the day after defervescence, and while desquamation was going on actively, was restless and unruly, and was allowed by the staff nurse of the Aberdeen City Hospital to go to the lavatory at the end of the ward. As he did not return he was looked for, and it was then found that he had managed to escape by lowering the upper part of the window; the opening being at least seven feet and a half from the floor and the walls perfectly smooth. After freeing himself from the ward he succeeded in scaling a wall about nine feet high. The moral of such incidents is obvious, but it still needs to be pointed. Patients with exanthematous disease are not to be held responsible for their actions and nurses should allow them only that liberty which is sanctioned by their medical attendants.

GLANDERS IN MANKIND.

THE dangers attending the prevalence of glanders in horses in London and other parts of the United Kingdom have been brought prominently before the public by an inquest held before the coroner for the City of London last week, at St. Bartholomew's Hospital, on a woman aged twenty-four years, the wife of an ostler, residing at Compton-mews, Brunswick-square, who died at the above-mentioned hospital from this loathsome malady. There is nothing extraordinary in people dying from this essentially equine disease, and the only wonder is that more cases are not recorded considering the extent to which it prevails; the only matter of interest is in the way in which infection is supposed to have taken place, if we may judge from the evidence given before the coroner. It appears that the husband, wife and two children occupied two rooms over stables in the mews and in one of these stables horses were taken ill about a fortnight previously. The illness from which they were suffering was stated to be farcy (or skin glanders) and two of them were subsequently destroyed because of being so affected. The woman had nothing to do with the stables, but it was suggested that she might have become affected through using water conveyed in a pail upstairs from the stable. The house physician of the hospital was of opinion, when stating that the woman had died from glanders, that using water from a pail that had been contaminated by a glandered horse, if she had a superficial wound, would be sufficient to impart the disease. The use of public watering-troughs in London has long been suspected of spreading this disorder among horses, and it has been often suggested that resort to these should be prohibited until glanders is suppressed; but up to the present nothing has been done to ascertain whether there is any foundation for such an accusation against these refreshing places. We have already complained of the very perfunctory and lax manner in which this dangerous and destructive disorder is dealt with by the Government and the

great harm that results from considering 'glanders' and farcy as different maladies, instead of two forms of the same disease, each equally infective and damaging. It is high time more energy and intelligence were displayed and this is rendered more palpable by the statement made at the inquest alluded to by the house physician that there was then another woman in the same hospital suffering from the same complaint. There is only too much reason to apprehend that not a tithe of the cases of glanders occurring among horses, in London and the provinces, are reported to the sanitary authorities.

LOCAL EPIDEMICS.

DIPHTHERIA, which had been prevalent in Heywood and which had been brought under control during the closure of the elementary schools, has, according to Mr. H. Wisken, the medical officer of health, reappeared soon after the resumption of school work, the disease being somewhat fatal in character. At Eccleshill, adjoining the borough of Bradford, measles is so prevalent that an epidemic diffusion of the disease is anticipated; and at South Kirby enteric fever shows a tendency to increase in connexion with a faulty and deficient water-supply.

LONDON DUST.

WE commented some time ago on the decision of Mr. Justice Grantham in a case which came before him, and in which the owner of a house in Essex-street, Strand, claimed damages from the Strand District Board of Works for injury to his health, which it was alleged had resulted from the non-removal of dust. The plaintiff relied upon the provisions of the 125th section of the Metropolis Local Management Act of 1855, which requires the local authority either to remove the dust or contract for its removal, and Mr. Justice Grantham held that the responsibility of ensuring the removal lay upon the defendants and awarded the plaintiff £75 damages. From this decision the District Board appealed, and Lords Justices Lindley, Lopes and A. L. Smith have now reversed this decision, holding that the District Board had sufficiently discharged their responsibility in contracting with someone else to do the work. London householders would have much reason to regret this conclusion of the case if the Public Health Act had not already come into force and provided a remedy which is evidently more valuable than that which existed before.

AN INTERNATIONAL MEMORIAL OF SEMMELWEISS.

A PRELIMINARY meeting was held on Monday at the residence of Sir Spencer Wells, who occupied the chair, at which it was agreed to call a general meeting in October to consider the best way of promoting a memorial of Semmelweiss and his great services to humanity. There were present Sir Joseph Lister, Dr. Priestley, Dr. Playfair, Dr. Grailly Hewitt, Dr. Glover, Dr. Black, Dr. Boxall and Dr. Duka. Letters expressing sympathy with the movement and regret at being unable to be present were read from several well-known members of the profession. Nothing can be more fitting than such a movement. Though originating abroad and in the native country of Semmelweiss, it appeals to all nations and especially to the medical profession of all nations, which alone can estimate the value of Semmelweiss's simple but fruitful work. He was the pioneer of antiseptic midwifery. Though, in point of fact, antisepticism in surgery was achieved independently of the work of Semmelweiss and on other lines, the presence of Sir Joseph Lister at the meeting shows his appreciation of the labours of that physician. Semmelweiss was the first to demonstrate that the origin of a large proportion of cases of puerperal fever was due to perfectly preventable causes, often attached to the person of the accoucheur. It was in 1847 that Semmelweiss, as assistant to Professor Klein in the Maternity Institution at Vienna, laid down the rule that all persons, previously to the examination of a parturient patient, should wash their hands in a solution of chloride of lime. The mortality fell in a few months from 12 to 3 per cent. We need not here dwell on the significance of such facts. It is painful to think that, like the case of so many great benefactors, his proposals were met with such coldness and resistance and even personal animosity that his mind rapidly gave way and his career closed in 1865 at the early age of forty-seven. There is the more need for a later generation to do him justice and to accord him honour. We sincerely commend this movement to our fellow countrymen and to our readers. This is not an occasion for complaining of the number of demands for testimonials. If life-saving is the supreme achievement of medicine here is one of its finest illustrations. Countrymen of our own for like feats enjoy the fame of all nations. Let us be foremost in acknowledging the merit of a foreigner who has redeemed a branch of the profession from a great stigma and has saved thousands of lives from one of the most pitiful of all deaths.

PARENTAL NEGLECT TO NOTIFY, AND ITS CONSEQUENCES.

JESSE WALTON has been fined forty shillings and costs at the Wakefield Police-court for failing to notify an infectious case in his house—that of a little girl, whom the medical officer of health found, after information received, to be comatose from small-pox. She was removed, and died in six hours. Three other children were found to be suffering from the same disease, and the medical officer computed that ten cases had occurred from Walton's carelessness. During the illness he often went to a public-house at the other end of the town, and a relative of the publican took the disease. It is not stated whether the case had been notified by a medical man. The defendant excused himself by saying he understood the case was chicken-pox—a lame excuse under such grave circumstances.

A MEDICAL MAN AND HIS FEES.

AT Blackburn County Court lately Dr. Garstang of Blackburn brought an action against John and Martha Padgett, innkeepers of Leyland, to recover £65 for professional attendance, being the balance of an account of £92 10*s.* incurred between Nov. 2nd and Dec. 8th, 1891. The fee per visit seems large, but Dr. Garstang explained that the journey took him six hours, that he stated what the fee would be after the first visit, and that he could only attend "as a physcian." Dr. Berry, physician to the Royal Infirmary, Manchester, spoke of the fees of physicians. His Honour Judge Coventry considered that Dr. Garstang attended "as a physician" and said that, although the charge seemed large, it was a physician's fee, and it was impossible for him to say it was an exorbitant one. He therefore gave a verdict for the amount claimed. It is obvious that when patients summon medical men from a distance they esteem the case one of gravity and ought to be prepared to pay accordingly.

PRIVATE FEVER HOSPITALS.

AN interesting point has just arisen which shows that the use of a private dwelling house in a street as a fever hospital can only be prevented by appeal to the High Court of Justice. A house in Marylebone was used for this purpose and application was made to the Local Government Board and to the London County Council asking for their intervention, but both bodies replied that they were not aware of the existence of any statutory enactment which empowered them to prevent the establishment of such an institution and the only remedy

was of the kind mentioned. Without knowing all the circumstances of the case it is impossible for us to express any opinion as to whether there would have been risk from the proposed hospital, but we presume the law as to small-pox hospitals is the same as that for fever hospitals and it is evident in the latter case that considerable danger to the neighbourhood might result. Under all circumstances it is desirable that institutions of this sort should not be conducted by private persons for profit, but should be in the hands of some responsible authority.

A NEW ISLINGTON WORKHOUSE INFIRMARY.

THE question of building a workhouse infirmary for Islington at Tollington-park is a very warm one, and is exciting much opposition. It is uncomfortable to ratepayers to find that the fine infirmary buildings included in the present workhouse, and probably less than twenty years old, are inadequate. Besides, the owners of valuable residential property in Tollington-park are up in arms.

FOREIGN EPIDEMICS.

APART from cholera in Persia and in the east of Europe, we learn that plague has broken out in the former country, the province of Khorassan being affected. Yellow fever has also broken out and makes alarming progress in the State and city of Vera Cruz. Hundreds are daily quitting the city in alarm and are travelling to different towns and places in Mexico.

THE PREVALENCE OF SMALL-POX.

SMALL-POX, though exhibiting the usual seasonal diminution, does not disappear from some localities as readily as might have been hoped. We still hear of fresh attacks from the vicinity of Dewsbury, from Wakefield, Halifax, Knottingley, Middlesbrough and Handsworth in Yorkshire, and from Enfield, as also from the Dartford rural district, which abuts on the hospital ships. In the metropolis the fresh attacks have within the last few weeks diminished from ten to four, and only seventeen cases were last week under treatment in the floating hospital. The breathing time between the present period and the usual autumnal period of increase should be utilised by authorities in promoting vaccination and revaccination and in providing some permanent means of isolation to be in actual readiness for the reception of any first attacks of the imported disease which may appear.

PAPER MONEY AS A CARRIER OF INFECTION.

THE possibility of infection being conveyed to a large number of persons by means of paper money has often been suggested, and an examination of the notes of the Bank of Spain current in Cuba which has recently been published by Drs. Acosta and Rossi in the *Crónica Médico-Quirúrgico de la Habana* shows that this form of currency is indeed liable to contain septic germs. The notes chosen for their experiments were some that had been in use for a good while and were such as represented values of a few pence only. It was estimated that two notes, weighing altogether about fifteen grains, contained more than 19,000 germs of various kinds. Cultures were made in broth, gelatine and agar, and these were injected into the peritoneal cavity of rats and guinea-pigs, most of which died within twenty-four hours, the post-mortem examination showing signs of peritonitis and congestion of the liver and kidneys. The blood of the heart and peritoneum was made use of to inoculate solid media, in which colonies developed so rapidly that it was impossible to determine their precise nature, many different forms being intermingled.

THE following circular has been addressed by Major L. Flower, sanitary engineer to the Lea Conservancy, to the sanitary authorities in the Lea watershed:—"Cholera memorandum: In view of the probable importation of Asiatic cholera into this country, and the necessity of preventing pollution to sources of water-supply, may I ask that—as in 1884, when I made a similar request—you will kindly inform me of any contamination which may come under your notice; and that you will see to abatement of nuisances, such as offensive manure heaps, overflows from cesspools, privies, and such matters in detail, which may contribute to the fouling of the River Lea and the tributary streams thereof."

THE Royal Commission on Vaccination held a meeting at Great George-street on the 20th inst., Lord Herschell in the chair, when Dr. T. Whiteside Hime of Bradford gave evidence at considerable length. Dr. F. Barry, one of the medical inspectors of the Local Government Board, was recalled on the 27th inst. to further explain his special report on the outbreak of small-pox which occurred in Sheffield some years ago. The Commissioners then adjourned until October.

IN order to prevent importation of cholera the Board of Supervision of Scotland has issued instructions to the local authorities of ports that no rags from France, the Black Sea, the Sea of Azof, or from Russia, Roumania, Bulgaria or Turkey, shall be landed in Scotland. Ships having cholera cases on board are to be subjected to quarantine, and arrangements are made for the disposal of the bodies of cholera patients dying on board.

WE regret to have to record the fatal result of an accident to Dr. James Cameron, the medical officer of health for Hendon. Whilst driving in his brougham on Mill-hill the horse took fright and bolted. Dr. Cameron attempted to jump from the vehicle, but in doing so was thrown and fell heavily on his head fracturing his skull. Death resulted before it was possible to convey the unfortunate gentleman to his home.

MEMBERS of the profession who wish to attend the Intercolonial Medical Congress to be held in Sydney from the 26th to the 30th September may obtain information as to concessions in regard to fares &c. from the Peninsular and Oriental and the Orient Companies. Sir Dyce Duckworth, M.D., F.R.C.P., has consented to act as the representative of the Congress in England.

THE Local Government Board has approved the Sanitary Institute as a body whose certificate to the effect that a person has shown himself by examination to be competent for the office of sanitary inspector under the Public Health (London) Act, 1891, shall be sufficient for the purpose of the requirements in Section 108 (*d*) of that Act.

THE Duchess of Albany, attended by Lady Collins, on Wednesday last distributed, at the Parkes Museum, certificates of proficiency in domestic hygiene to ladies who have attended the classes on that subject at the Sanitary Institute in Margaret-street, W.

AT a meeting of the Middlesex County Council, held on Wednesday last, Mr. W. B. Gordon Hogg, M.D. Edin., was appointed coroner for the western district of the county of Middlesex.

THE medical teaching in Birmingham will from and after Sept. 1st be conducted in the Mason College and not in the Queen's College, which institution will then cease to have any connexion with medical education.

THE BRITISH MEDICAL ASSOCIATION.

MEETING AT NOTTINGHAM.

THE first general meeting after the retirement of the ex-President, Dr. J. R. Thomson, and the installation of his successor, Mr. Joseph White, did not produce any very startling incidents. To be sure the adoption of the report of the Council was not allowed to pass without some protests as to the manner in which the Council assumed it had the voice of the members of the Association, when, as a matter of fact, many of the subjects dealt with had not been discussed in the branches. The reports of the special committees excited but few comments, but that on hypnotism was referred back and strong opinions were expressed against hypnotism, which, it will be seen, was not altogether tabooed by the learned physician who gave the address in medicine the next day. The decision to give more of the funds at the disposal of the Scientific Grants Committee in the form of scholarships is a step in the right direction.

DR. RANSOM, the President of the Section of Medicine, chose for his topic one to which some years ago Sir James Paget drew attention. Although perhaps more suitable for a section of pathology than for one of medicine, it cannot be denied that it is of great interest and possibly of some practical bearing. The reaction of the vegetable organism to external irritants and the processes of repair after injury are paralleled by those which take place in the animal body. There is certainly ample scope here for investigations which may prove to the practitioner a pastime affording him recreation, both bodily and mental, amidst the cares of busy practice.

PROFESSOR VICTOR HORSLEY did not hesitate to confess that the subject of which he is a professor, and which concerned the section over which he was presiding, has practically no existence in the schools. Pathology, he did well to remind us, is very different from mere morbid anatomy, with which it is confounded, and by which it is often replaced in teaching. We should have liked to have heard more reference to Cohnheim and his work, whose researches and teaching represented the essential basis of pathology proper. All will admit with Professor Horsley that pathology should be studied and taught with reference to physiology, that perverted function quite as much as damaged structure ought to be embraced within the ken of the pathologist.

AMONG the special features of the meeting one of the most interesting is an arrangement by Professor Victor Horsley of a series of lantern demonstrations of work that has been done during the year in pathological research. This Section afforded an opportunity to practitioners of seeing collected under one roof, in the course of two or three days, all the best work of the laboratories and of the wards of Great Britain demonstrated by the men actually engaged in the research. The idea was a happy one and was carried out with Mr. Horsley's characteristic vigour and ability. It is probable that the success of this departure will considerably influence the programme and course of the work at the leading pathological societies which has hitherto been too much in the nature of a mere demonstration of post-mortem condition, which, however, is by no means the be-all and the end-all of curative research.

DR. BROOKHOUSE, who presided over the Section of Pharmacology and Therapeutics, was justified in deprecating the unceasing introduction of new remedies with alleged specific effects, many of which are as unknown a year after their introduction as they were before it. Nor can one admit that the present position of experimental inquiry upon toxines and protective agents in the least justify their introduction as yet into the treatment of disease. Dr. Brookhouse's testimony to the value of tracheal injection of menthol in phthisis was very strong, and he went so far as to aver that his results contrasted favourably with those of the tuberculin treatment. A most interesting discussion took place in the Section of Therapeutics on the subject of the action of medicines on the heart. Dr. Broadbent in an admirable paper discussed the indications for the use and the action of cardiac tonics. On account of the limitations imposed upon him by the nature of the subject he restricted his paper to the use of these drugs, leaving aside what he expressed himself as holding an equally or more important position in the treatment of cardiac disease—namely, rest, graduated exercise, elimination of the waste products and so on. Dr. Brunton laid stress on the extreme value of perfect rest in advanced cases of mitral disease, and advocated this combined with massage, graduated exercise and the use of mercury. He demonstrated Professor Gartner's ergostat as affording a means of exactly limiting the amount of exercise which a particular patient can take. Dr. Clifford Allbutt laid special stress upon the treatment of residual condition left behind by the action of disease. Dr. Oliver of Newcastle and others joined in the most interesting and instructive discussion which followed.

THE importance of adequate clinical instruction in the diseases of children cannot be too strongly or repeatedly enforced. It formed a topic of Dr. Cheadle's address two or three years ago, and it was selected by Dr. Marshall, who presided over the Section of Diseases of Children. The examples he quoted were to the point and the need for really systematic instruction in the hygiene as well as the therapeutics of infancy was thoroughly enforced.

IN the Section of Surgery, Mr. John Croft travelled ove the ground of the discussions which were set down on the programme—i.e., the treatment of empyema—hepatic surgery, and the treatment of tuberculous disease of bones and joints. The debate on the Surgery of the Thorax which ensued was shared in by many well-known authorities on the subject.

THE Section of Psychology, which opened with a useful practical address from its President, Mr. Bevan Lewis, upon Asylum Administration, in which the appointment of clinical staffs and nurse-training schools were advocated, began its labours with a highly interesting debate on the Post-influenzal Psychoses, introduced by Dr. Althaus.

ONE of the most interesting exhibitions in connexion with the meeting was the display of the mode of saving life from fire by means of a tubular arrangement consisting of asbestos and sacking, through which descent could be made with absolute safety and with almost incredible speed. The arrangement invented by Mr. Lewis Anidjah was quite a feature of the meeting.

NINETY-FOUR members of the Association and others interested in medical missions sat down to breakfast on Wednesday morning in the Exchange Hall, under the presidency of Dr. Roberts Thomson, ex-President. At the close of the meal Dr. Thomson said that this was the first réunion of the kind that had been held at the annual meeting and Dr. H. Martyn Clark of Umritsur, who has a "parish" of 3,000,000, spoke greatly to the point in favour of medical missions as *the* way to the native mind; for while some might doubt if they had a soul, the body with its troubles made itself evident. The work was real and hard; he had had 60,000 patients and 3000 operations. He was followed by

Dr. Hörnlé, who urged the necessity of sending only the very best men to do medical mission work, as the natives were keen to detect inferiority and the medical missionary had no consultant to fall back upon. They must teach the people to love God by their love to man. Dr. Lock, a civil surgeon, said there was room for both classes of workers in so large a field. The Secretary of the Church Missionary Society added a few words, after which this, the first, and a most profitable and encouraging réunion, broke up.

OUR correspondent, writing on Wednesday, says: "The meeting of to-day is chiefly remarkable for the value of the work done in the Sections and for the very full representation of the younger school of scientific medicine. Among those present were Sir F. Bateman; Sir William Moore; Dr. Bristowe; Dr. Ransom; Dr. Lauder Brunton; Mr. Victor Horsley; Dr. Broadbent; Mr. Lawson Tait of Birmingham; Professor Gairdner of Glasgow, Dr. Maradoc Cameron; Dr. Byrom Bramwell, Edinburgh; Dr. John Macintyre, Glasgow; Professor Cuming, Belfast; Dr. Stokes, Dublin; Professor Semmola, Naples; Professor Baccelli, Rome; Professor Schrötter, Vienna; Dr. Hingston, Montreal; Dr. Stewart and Dr. Roddick, also of Montreal; and representatives and delegates from the whole of Great Britain. The attendance of Members has been up to the present fairly good, and already 800 medical men have visited the town of Nottingham."

NOTTINGHAM Castle was on Wednesday evening the scene of a very brilliant assembly. Fully 1500 guests had accepted the invitation of the Mayor of Nottingham to a conversazione. The beautiful castle lends itself admirably to such a function and the hospitality of the Mayor and the Mayoress was much appreciated. The President's garden party at the Arboretum was also much enjoyed.

A NOTEWORTHY step was taken at the Third General Meeting on Thursday, when a resolution was carried to admit duly qualified women as Members of the Association. The decision at the Bath meeting thirteen years ago to the contrary effect may be recalled in this connexion.

FIRST GENERAL MEETING: REPORTS OF COMMITTEES.

THE first general meeting of the sixtieth annual meeting of the British Medical Association was held in the Mechanics' Institute at Nottingham on Tuesday, the 26th inst. The attendance of members, as is usual on the opening day of the meeting, was not very large. The retiring President, Dr. ROBERTS THOMSON of Bournemouth, in vacating the chair said that he had to renew the expressions of his warmest gratitude for the confidence which had been reposed in him and for the great honour done him when he was appointed President of the Association. To him it would be the proudest recollection of his life to have occupied that position. He expressed his warmest thanks to all the officers with whom he had been brought in contact for their unfailing kindness and for the courtesy which had been extended to him on all hands. The year which had gone had been an uneventful one and there had been no special or burning questions to consider; nevertheless, it had been a year of very steady progress. The Association had steadily increased in numbers and in usefulness and the amount of scientific work which had been accomplished through its agency was very marked. He had no doubt that the year would mark a distinct advance upon those which had preceded it. In vacating the chair he simply wished the members to accord to his successor the same regard for the authority of the chair which had been accorded to him, and he could have no better wish than that his successor should be able to look back to his period of office with the same pleasure as he had.

The incoming President, Mr. JOSEPH WHITE, senior surgeon to the General Hospital of Nottingham, on taking the chair, said that he thanked the members for the honour and conveyed to them as far as he could his sense of the responsibility which the appointment carried with it. He was quite sure of receiving at the hands of the members that support which they had always afforded to occupants of the chair, thus lessening as far as they possibly could the labours connected with it.

A vote of thanks to the retiring President was then moved by Dr. HOLMAN and seconded by Dr. SAUNDBY of Birmingham. The retiring President was further elected as Vice-President of the Association for life.

Dr. WITHERS MOORE then moved the adoption of the report of Council and official statement for the year; this was seconded by Sir WILLIAM MOORE, who considered that in it he saw signs of vitality and progress for the Association; he considered the finances were in very good order, the Association had £45,000 to the good, and the managers of the finance department of the Association deserved great thanks.

Dr. RENTOUL (Liverpool) called attention to the balance-sheet and asked that the Council of the Association should give more information to the members. He thought the amount of money spent for editorial expenses (£5000) last year seemed too much. He had asked the general secretary to tell him what amount had been paid for editorial articles, leading articles, correspondence articles, the writing of obituary notices and other special correspondence, but the general secretary in reply had informed him that it was not his province to give such information to members. Now Dr. Rentoul considered that the Association was a limited liability company, limited as it were by guarantee, and he hoped that in future the Council would supply more detailed information in their balance-sheet.

Mr. J. J. CURRAN (Killeagh, County Cork) desired to convey the thanks of the Irish dispensary medical officers to the British Medical Association for the warm interest they had taken on their behalf during the past year. He recapitulated the grievances under which these officers suffered.

Dr. LOVELL DRAGE (Hatfield) called attention to the manner in which subjects of importance to the Association were discussed and illustrated his remarks by reference to the mode in which the views of the Association had been obtained on the Midwives Bill.—Dr. SAUNDBY asked if this was due to the action of the Council or to the action of the Metropolitan Branch of the Association.—Dr. LOVELL DRAGE, continuing, said the Association had no right to use the name of the Association in connexion with legislation on which the views of the members had not been obtained.

Mr. GEORGE BROWN spoke of the way in which the interests of the members were laid aside by the Council of the Association. The Association as a whole had but few opportunities of expressing its opinion in public, or upon the more important questions which were brought before Parliament. What could be of greater importance to medical men than a legislation which would alter the conditions of the practice of midwifery in this country? yet no attempt had been made by the Association to give its members an opportunity of expressing an opinion on a question of such vast importance. It would be in the recollection of many members of the Association that some time ago attempts were made to reform the Medical Acts. On this subject no meeting of the Association could be obtained without the signature of fifty of its members. He thought the Council would be consulting its own dignity and doing justice to the members at large by convening a meeting in London to consider any important question that might arise.

Dr. SAUNDBY (Birmingham) entirely dissented from Mr. Brown's views on the ground that the members of the Council only represented a few of the various branches and could do nothing excepting what these branches asked them to do.

Dr. HUGH WOODS disagreed with the last speaker as to the position of the Council. He thought it was the duty of the Council to respect the rights of individual members, which did not at present exist in the methods adopted by the Association.

Dr. ROBERTS THOMSON suggested that the proper course of procedure would be for these gentlemen to bring their grievances before the Council and ask it to report upon them.

Surgeon-Major INCE observed that out of 14,000 members any question could be settled by the infinitesimally small number of forty-five. This was due to the operation of a by-law passed at the time the Association numbered tens instead of hundreds.

REPORT OF THE PARLIAMENTARY BILLS COMMITTEE.

Mr. HART moved the report of this committee. The subject of Parliamentary bills occupied every year part of the time of the Council, and in no year had the work been

more onerous and more difficult, yet more promising, than during the last year. The first question he wished to mention was that of the dispensary medical officers in Ireland. The committee there had undertaken work which would require infinite patience, and if too much was expected from its labours disappointment must follow. He had consulted on the subject the Irish Secretary and had found him absolutely ignorant of the facts relating to the conditions under which these medical officers worked, and also opposed, on grounds which could not be tolerated in this country, to the legislation which he had proposed to him for their redress. The opposition of the Irish Secretary in this matter was monstrous and could not be sustained either by Parliament or by the sense of the country. Dealing with the subject of want of representation of views at the meetings of the Council, he said that those from whom the complaint arose had expressed their views at great length fifty times over.—Mr. WICKHAM BARNES, in seconding the adoption of the report, brought forward the case of the late Mr. Walters. The Poor-law Medical Officers' Association were in hopes that forcible representations would be made to the Local Government Board.—Mr. BRADLEY (Drogheda) thanked the Association for the interest they had shown in the Irish dispensary officers and suggested that they should get the Irish Members of Parliament to act on their behalf.—Dr. WARD SMITH considered that the English district medical officers were just as badly off as their Irish brethren and he would like the Association to give them a little attention.—Dr. LOVELL DRAGE drew attention to the fact that no mention had been made of the proposed New University Bill.—Mr. HART said that a committee of the Association had been appointed to consider the matter.—The motion was then put by the President and adopted.

REPORT OF INEBRIATES' LEGISLATION COMMITTEE.

Dr. NORMAN KERR, in moving the adoption of this report, called attention to the valuable testimony before the departmental committee now sitting and said they wished an amendment in the law in the following respects: (1) compulsion; (2) removal of hindrances to admission of voluntary applicants; (3) provision for the poor; and (4) provision for the treatment of alcoholic, opiate and all other forms of inebriety.—Dr. USHER of Melbourne seconded the adoption of the report and pointed out that any legislation that may be effected or brought about must receive the support of the profession. People naturally sought for some relief from the drink disease and if they could not get it from medical men the danger was present of taking secret cures offered to them. Sir George Dibbs, the premier of New South Wales, in a conversation a few days ago, intimated that he intended bringing in a Bill dealing with the whole question on his return to the colony. The report was adopted.

Mr. BUTLIN proposed the adoption of the report of the Scientific Grants Committee, which was duly seconded and adopted. It was recommended to apply more money to scholarships and less to investigation.

Surgeon-General CORNISH moved and Dr. BARRON seconded the report of the Committee on Scientific Investigation into the Condition of School Children. This committee was considered to be of the highest importance, as upon the integrity of the constitution of the children the future of the nation depended.—Mr. SHUTTLEWORTH said the London School Board had established special classes for backward children.

The report of the committee appointed to investigate the nature and phenomena of hypnotism and its value as a remedy recommended that if used it should be practised only by qualified medical men and under no circumstances should female patients be hypnotised except in the presence of a relative or a person of the same sex. The Committee strongly disapproved of public hypnotic exhibitions. In the course of the discussion Mr. GEORGE BROWN moved that the report be referred back, as there was nothing in hypnotism. Mr. ESDALE said the adoption of hypnotism was perfectly monstrous. Dr. NORMAN KERR thought the report the most striking condemnation of hypnotism that had ever been delivered, as the committee was composed mainly of advocates of hypnotism. The report was eventually referred back.

On the presentation of the report on medical charities Dr. RENTOUL moved that it be referred back on the ground that twenty millions of people should have medical attendance free. This, however, was not carried. The meeting then adjourned.

THE PRESIDENT'S ADDRESS.

At the adjourned general meeting, held in the evening, the President, Mr. JOSEPH WHITE, consulting surgeon to the Nottingham General Hospital, delivered an address on the subject of the development of the Association and of British medicine and surgery since the last meeting of the Association, which was held in Nottingham in the year 1857. In the course of his address he gave an interesting account of the geology of Nottingham and its neighbourhood; the natural facilities it afforded for drainage were described as uncommonly good, the town being built upon an inclined plane rising nearly 200 feet in little more than a mile and sloping directly towards the valley of the Trent. The water-supply, which was under the control of the corporation, was of good quality and abundant.

Having described the physical features of the district and spoken of the improvements being effected in the town, the President then gave an account of the last meeting of the Association at Nottingham thirty-five years ago, noting that at that period the number of members was 2065. Since then the number had grown to 14,000. He touched upon the advances which had been made in British medicine since then. In general medicine the work and writings of such men as Bright and Addison, of Latham and Hope, of Stokes and Graves, of Watson and Gull, and of William Jenner, had done very much to foster and develop that spirit of independent inquiry and accuracy of thought which, in an ever-increasing degree, characterised the progress of curative medicine five-and-thirty years ago; whilst in preventive medicine, which was then coming to the front, two men stood prominently forth as the pioneers in that still greater movement of sanitary advancement which was so soon to follow. These were Edwin Chadwick and John Simon. At the time of the last meeting Mr. Simon had just completed with the greatest distinction his seven years' labours as the first medical officer of health of the City of London, and was about to enter upon his more responsible position of medical adviser to the Privy Council; he then occupied the foremost position not only as a sanitary reformer, but as the most eloquent exponent of the aims and capabilities of preventive medicine in its truly scientific aspect. He and his fellow-labourers in the same field had in a few years so raised the importance of the work of sanitation in the estimation of the profession and the public that it was for the first time in the history of the Association made the subject of one of the special addresses at the last Nottingham meeting in 1857. Mr. White then referred to the advances made in surgery. The teaching of such men as Blizard and Abernethy, the great practical work of Cline, the bold achievements of Sir Astley Cooper, a few years later the still more brilliant operative work of Robert Liston, and later still of James Syme and William Fergusson, had raised surgery to the very foremost rank as an art; whilst the philosophic views of Brodie and of Lawrence, and the philosophic work of Sir James Paget, had done even more to elevate it to that truer position as a science which it was then rapidly achieving. The use of anæsthetics was discovered about this time. Perhaps the greatest achievements of modern surgery had resulted directly or indirectly from the introduction of the so-called antiseptic method, which the profession owed to the genius and labours of Sir Joseph Lister. This was not simple cleanliness in the ordinary acceptation of the term, but that special form of rigorous and refined cleanliness which the pathologist and the chemist alone could appreciate, that prevention and removal of everything of a septic kind which could possibly invade a wound, the attainment of that purely aseptic condition which could only be accomplished by the most scrupulous and watchful care, and no one has done so much to attain that end as Professor Lister. By these two great achievements—by the abolition of pain by anæsthetics and by the greater safety of wound treatment since the introduction of antisepticism—the whole practice of surgery had undergone an amount of development which twenty or thirty years ago could not have been believed possible. This development was very evident in the department of abdominal surgery, including such operations as the removal of the kidney, of the spleen, of the uterus and its appendages, of portions of intestine, of bladder tumours, and of various kinds of tumours within the abdomen and operations upon the liver and upon the gall-bladder. The surgical treatment of diseases of the brain afforded other proofs of development. The discoveries of Hitzig and Fritsch

during the Franco-German War in 1870 and subsequently of Ferrier—that when certain limited areas of the brain surface were stimulated by galvanism this stimulation was followed by contraction of definite groups of muscles in different parts of the body—became the basis of further researches and investigations, which had been carefully pursued. Year by year the knowledge of the localisation of brain function had become further extended and more and more precise until it had resulted in those great achievements of brain surgery which, at the hands of Horsley and Macewen, and since then of many others, had been attended with such marked success. Advancement was also manifest in the other fields of medical science, in the application of physical science to the investigation of disease, and in the more rational application of the laws of sanitary science to the promotion of the public health. The President referred to the work of Dr. Seaton and Sir George Buchanan as evidence of the great advances of sanitation in England. Regarding preventable diseases, he remarked that Sir John Simon was not content with inspection only or with the application of such knowledge as was then possessed. He felt and he pressed upon the Government the need of new knowledge—of knowledge only to be obtained by extensive laboratory investigations of the most careful and subtle kind and carried out by special observers of the highest scientific attainments; and it is to those investigations, made under the auspices of the Privy Council and conducted with the greatest care, that the profession were now so much indebted for many of the recent great advances in preventive medicine. In bacteriology also much important progress had been made. At no other time had a greater number of active and vigorous minds been engaged in original research, and never before had a more promising light dawned upon the future of medicine.

Professor HINGSTON of Montreal, in moving a vote of thanks to the President for his address, said that the name of Joseph White was synonymous with all that was honourable and dignified in the profession. His address was full of good sense. It was a pleasant duty to him to move the best thanks of the Association to Mr. Joseph White for his very interesting address.

Sir FREDERICK BATEMAN seconded, and the resolution was unanimously carried.

THE ANÆSTHETIC COMMITTEE.

Professor VICTOR HORSLEY (London) moved the adoption of the statement as to the work in progress under the Committee on Anæsthetics. He pointed out that it was rather a statement as to the work to be done and the hints that had already been received. It was intended to work clinically and he hoped experimentally. The clinical work had been organised and arranged according to the schedule which they held in their hands, and the experimental work, he hoped, would assist them in the discovery of impurities in anæsthetic agents.

Mr. CROFT said that, as an old hospital surgeon who had seen anæsthetics administered in nearly 14,000 instances, he thought he might claim to have some reason for supporting the resolution.

PAYMENT OF PARLIAMENTARY BILLS COMMITTEE.

Surgeon-Major INCE moved at great length a resolution condemning the principle of payment of members of the Parliamentary Bills Committee.

Dr. RENTOUL moved as an amendment: "That, while not recommending the payment of members of committee for services or time given, from henceforth each member attending the Parliamentary Bills Committee be paid first-class return fare out of the funds of the Association, which was following the course of payment of members of the Council." After prolonged and turbulent manifestations the meeting negatived both the amendment and the substantive motion.

The meeting then adjourned.

THE SECOND GENERAL MEETING.

The Association met in the Mechanics' Large Hall on Wednesday afternoon to hear the address in medicine delivered by Dr. Cuming of Belfast, which we publish in another column.

PLACE OF NEXT ANNUAL MEETING.

Dr. WITHERS MOORE, the President of the Council, announced that the next annual meeting would be held at Newcastle and Dr. Philipson was elected President for the coming year.

THE ADDRESS IN MEDICINE.

The address was listened to with manifest pleasure by a very large audience and Professor GAIRDNER of Glasgow moved a vote of thanks to Professor Cuming. In doing so he thought that the elementary sciences had held their own ground in medicine and no doubt would continue to do so. Sir CLIFFORD ALLBUTT seconded the resolution. This concluded the business of the meeting.

THE SECTIONS.

MEDICINE.

The President, Dr. RANSOM, Consulting Physician to the General Hospital, Nottingham, delivered an address at the opening of the Section of Medicine on the subject of "Some Diseases of Plants compared with those of Man." He thought nothing could be foreign to the student of medicine which touched upon perturbations in the organic world, and he devoted his address mainly to plant diseases which corresponded to the inflammatory processes of living organisms or the reaction of living cells to irritation. All such reactions in plants form "galls" or witch-knots. A gall he defined as a local hyperplasia or overgrowth of tissue, differing from local hypertrophy in diverging from the normal tissue or organ with which it is related. The irritants which produced these were sometimes mechanical or physical agents, inorganic substances, or arose from living organisms. Among the acari the phytopti or gall-mites were the best known. From whatever cause the disease is produced there is such a definite relation of the process to the irritant that the evolution of the gall is mainly directed by it and the product is therefore specific. Some of the parent insects, while depositing their eggs, wound and kill portions of the plant where the egg rests and the reaction occurs in the nearest living cells. Some of them do not wound the tissue where the ovum rests, while neighbouring parts are wounded. Although it was possible that the irritant is sometimes mechanical or physical, it more probably always is some organic liquid chemical substance, not very diffusible, produced in small quantities either continuously or at short intervals during a small part of the life and development of the parasite, and having a different composition in each species.

The lecturer exhibited some selected examples, some specimens, photographs and drawings to illustrate his subject. He showed that the common oak apple was due to the deposition of ova in a bud by the unisexual form Biorhiza aptera derived from a root gall; and it yielded the bisexual form Teras terminalis, which lays its eggs in the young roots and produces the root galls. The mode in which this change was brought about was described in detail. The common currant gall of the oak, as he showed, follows the deposit of an egg in a bud early in spring by the unisexual form Neuroterus lenticularis, itself hatched from the red spangle, and it yields in June the bisexual form Spathegaster baccarum.

He further demonstrated that the common red spangle was due to the deposition of an egg by the Spathegaster baccarum in a wound between the surfaces of the young oak leaf in June; and it yields the Neuroterus lenticularis in the following March. Parenchyma, fibro-vascular bundles and epidermis were all wounded, and a portion of the latter was killed at a little distance from the puncture on the lower surface of the lamina. The plant suffers very little injury. Often two or more species of spangles are met with at the same time on the same leaf, showing in the strongest manner the prepotent influence of the irritant in determining the character of the reaction. The common nut gall was caused by Cynips kollari, a parthenogenetic insect, which makes a wound, but leaves its egg upon an intact and very young bud. The wound heals and the young gall springs from the unwounded cells upon which the egg rests; soon it encloses the embryo by an embryonic meristome which is free from chlorophyll, and then develops into a complex structure which contains chlorophyll and is extremely heterologous. The artichoke gall illustrates a somewhat different mode of extension of the influence of the irritant beyond the true gall. The bud axis, which at its apex bears the gall, carries at its base a large number of modified scales and these serve as a protection to the true gall before it is thrown off by a sort of dehiscence. In this case the protecting scales and the basal part of the bud axis are not, as in the previous example, mere hypertrophies and they soon die and are cast off.

Having dealt with the willow galls, Dr. Ransom next

referred to "witch-knots" and allied formations. All the cases went, he thought, to show that the irritant was an organic chemical substance and to support the view that the process of irritation is some gentle persisting disturbance of the metabolism of the living cells, during which cell multiplication was inhibited where it first acted, but stimulated just outside that part. He did not know of any theory of inflammation comprehensive enough to include plants. The widest was that put forward by Metschnikoff, in his "Leçons sur la Pathologie comparée de l'Inflammation," but even that did not include plants. The lecturer ventured to suggest one which he thought sufficiently comprehensive, and which might be stated in the following terms: "In virtue of those necessary and inherent faculties by which all organisms repair damage, living cells react in response to true irritations by a proliferation with modification directed by the irritant, and not beneficial to the organisms in which the process occurs." This definition implied that all inflammations were specific, even if the phenomena ascertained were not sufficient to prove them to be so.

SURGERY.

In taking the chair in the Surgical Section, the President, Mr. JOHN CROFT, limited his preliminary remarks to a brief prologue on the subjects selected for discussion in this Section. He said: "I imagine that the surgical treatment of pleural effusions, whether serous or puriform, has been so far advanced during the last ten or twelve years that certain formulæ may now be admitted:—(1) That early evacuation is the best principle to act upon; (2) that the exclusion of air where practicable and the observance of aseptic or antiseptic technique should be rigidly observed; (3) that complete and perfect drainage of the cavity under treatment is essential, including counter-openings and large openings into the pleura or other pus-holding cavities; (4) that large cavities require adequately large openings; (5) that ribs and periosteum, intercostal vessels and nerves may be largely excised with advantage immediate and prospective, so long as ordinary precautions are observed; (6) that lack of early and adequate operations are important causes, though not the exclusive causes, of delay in the closing of cavities; (7) that lung abscesses and gangrenes and bronchiectatic cavities, with certain obvious exceptions, are amenable to surgical exploration and treatment; (8) that hydatid cysts in the lung or pleura may be successfully extracted or in other ways cured by thoracotomy. It will not be safe, at the present stage of our experience, to extend the formulæ. They reach as far as amenable cases go, but there remain to be mentioned those instances of disease and difficulty which are found to baffle the physician, whose province it is to define the disease and its locality, and the surgeon, whose province it is to bring surgery to assist medicine. 1. Difficulty of diagnosis, which may cause the physician to delay surgical assistance; for instance, the defining remote, small, pleural effusions and lung abscesses. 2. Procrastination for other reasons. For the latter one can offer no excuse, but for the former difficulty a surgeon can offer this amount of assistance—namely, repetition of exploratory incisions and punctures. 3. When a large cavity is placed under the scapula. 4. When an enormous pleural cavity is bounded on one side by a collapsed, movable, swinging, dangling lung, and on the other side by rigid bony wall. This is a most formidable difficulty to overcome, and particularly when there is little or no disposition to the formation of granulation or cicatrical tissue. Sponge-grafting has failed. Abstraction from the wall of the chest of a great portion of its bony rigidity does not necessarily succeed. This is a condition of things which we may hope that this meeting will enlighten. I would ask in this connexion this question: Would the removal of the useless swinging lung, at or near its root, be a safe and useful measure? I am disposed to think that its presence is an obstacle to the cessation of discharge from the pleura, and that its removal would be a step half way to cure. I am supposing that the lung is useless as a respiratory organ and that adequate measures for its fixation have failed of their purpose. The loss of such a spoiled organ should prove to be a gain." In speaking of the surgery of the liver and gall-bladder, Mr. Croft said: "Gentlemen, brilliant as are results obtained in the surgery of the liver and gall-bladder by Messrs. Lawson Tait, Mayo Robson, Knowsley Thornton, Jordan Lloyd, Pearce Gould, and others in this country, there remain difficulties yet to be overcome and questions yet to be settled. I here allude to (1) the treatment of hydatid cysts of the liver which have already opened or which threaten to open into the chest; (2) the question of early operation in cases of cholelithiasis; (3) the desirabilty of suturing the incision into the gall-bladder and of then closing the abdominal incision and cavity; (4) when the gall-stone is impacted in the duct and cannot be reached through the gall-bladder, should the duct be incised and the incision sutured, the omentum being employed to strengthen the fastening? (5) the question of whether ligature of the cystic duct without cholecystectomy is to be preferred to other operations; and (6) the cases in which cholecystectomy is to be preferred to less radical proceedings. Lastly, the interesting topic of cholecystenterostomy will arise—when it is to be resorted to and the best mode of carrying out the operation."

The President also referred to the subject of the surgical treatment of tuberculous disease, the essential pathology of which is the same whether the neoplasm is in bones or joints of limited mobility—as in the spine—or in the bones or joints of the utmost mobility in the extremities.

PUBLIC MEDICINE.

In opening the proceedings of this Section Sir B. W. FOSTER, who presided, after some preliminary remarks went on to say that public medicine really meant the relation of certain members of our profession to the well-being of the community at large, founded on a scientific knowledge of the causes, distribution, methods of infection by disease and the mode of preserving the public health. There was no function so important to a medical man, even although it involved enormous responsibility, and if well performed it would meet with speedy recognition at the hands of the citizens among whom he laboured. Throughout the country the position of medical officers of health was obtaining this recognition both from local authorities and from the State. Recent legislation in connexion with the Local Government Board had been specially associated with developing the functions of these officers. In England they were as yet a little behind Scotland in the matter of sanitary legislation, and the good effects of the English legislation on the subject had been marred by defective clauses in connexion with the health government of large county areas. In Scotland they had better materials to work upon, and the late House of Commons had instituted certain clauses of the Local Government Act to Scotland which had placed the medical supervision of the county areas of that part of the kingdom under a very good and increasingly effective system of sanitary administration. In factory legislation for manufacturing districts and on all sides this branch of the profession was obtaining as it were a larger share in the management and the control of the complex civilisation in which we live. This he looked upon as very satisfactory to the members of the profession. One of the objections which reached him as a public man was that the increase of power would lead to a kind of medical tyranny. We had suffered in the past from clerical tyranny and was it not likely that we might suffer in the future from medical? He did not anticipate such an event. Supervision could not justly or appropriately be called tyranny, because the supervision would be made by local authorities who were elected by the people, and it would be under their control that the functions of the officer and the exercises for the attainment of a common object and not for the sake of his particular opinions. The very intimate relations of the medical man to the daily life of every individual in the land had been satisfactorily established. The medical profession had always maintained such a high standard of honour in connexion with these varied duties that it afforded no slight guarantee that the duties of medical officers would be performed without offending or prejudicing the public. Another argument against thus increasing the powers of health officers was that legislation tended more and more to interfere with the liberty of the subject. It was said that the Notification of Diseases Act interfered with that liberty, but it was with the liberty of spreading infectious disease. Individual liberty in a civilisation like ours, becoming every day more complex, must be interfered with when it becomes a detriment to the whole community. Legislation which tends to prevent such a danger was most beneficial. Effective legislation would bring about less ravage and destruction from many diseases which have for so long run riot among the public. For instance, effective isolation might stamp out infectious diseases like scarlet fever, measles and small-pox, under direct supervision and medical action, or, at any rate, might be reduced to a

comparatively small amount. On these grounds legislation in the future would have to proceed very much on the same lines as it has done in the past. The duties of the medical officers would become of greater and greater value to the public and be still more appreciated by the State, and the office of Public Health would become one of the most distinguished to which a medical man could aspire. In conclusion he hoped that the Local Government Board, the local sanitary authorities and the medical officers of health would be brought into closer relations and that a larger number of inspectors would be appointed to give advice to local officers—to act, in fact, as consultants sent from the central authority to aid and advise the local men. This would give them the highest scientific opinion without having too much power vested in the central authority.

Dr. F. F. BOND read a paper on Small-pox in Brighouse, Yorks. In the district affected there were three separate administrations. The origin of the epidemic was traced to cases which were not recognised; several separate centres had been infected before recognition. Vaccination and revaccination were carried on in infected houses and the effect of those operations on persons already infected with the disease was described.

Dr. JOHN W. MASON (Medical Officer of Health, Town and Port of Hull) also read a paper on Methods of Dealing with Town Refuse in the Midst of Populous Districts. He said that the subject was of paramount importance to the well-being of a community; the more frequently and efficiently it was collected and disposed of the better was the public health. The reports of the Health of Towns Commission and the Sewage of Towns Commission and the reports of the medical officers of the Privy Council and Local Government Board gave ample evidence on this head. With the natural growth of large towns the question of the collection and disposal of town refuse required the serious consideration of those responsible for the public health and welfare of the population. From the geographical position of some towns the water-carriage system commended itself, as being not only the most efficient from a public-health point of view, but as that which was least injurious; where there existed no natural outfall, from the low-lying position of the town or tidal influences, the introduction of auxiliary steam power effected that which had otherwise not been provided for by natural gravitation. In other towns irrigation or precipitation had to be resorted to to obviate or minimise the nuisance. Dr. Mason suggested that to deal effectually with the refuse of large and populous districts the area should be divided for purposes of sanitary administration into districts and that destructors should be erected, having, where procurable, railway and wharfage accommodation, to which all excreta and town refuse collected (including that from slaughter-houses and all condemned food) should be taken, and that of a manurial value disposed of; failing which, this matter, together with trade refuse, should be cremated.

PSYCHOLOGY.

The President, Mr. BEVAN LEWIS, Medical Superintendent of the West Riding Asylum, Wakefield, delivered an address at the opening of this Section on "Some Desirable Extensions of Asylum Administration." He proposed to deal with those eminently practical aspects of insanity and its treatment which embrace the functions of the medical staff, and especially of the asylum pathologist, their mutual relationships and common interests; and, in the next place, the organisation of a nursing staff, the possibility of extending their functions, of augmenting their utility, and of elevating their general *morale* and culture. The pathologist of these institutions was at one time looked upon as a 'sport' and had to give way to what was called the practical man, familiar with the condition of the crops, able to descant to a nicety on the probable yield of the dairy and familiar with the finances of the institution, but who would be involved if asked the differential diagnosis between chronic alcoholism and general paralysis, and to whom the tracts of the spinal cord and cerebrum would be *terra incognita*. He had heard it stated over and over again that a superintendent could foster and encourage pathological research in his institution without taking to himself an active interest in the work; this was open to the gravest doubts. Much of course in this case depended upon the community or sympathy existing between the other members of the assistant staff; but still, to suggest that he could wisely supervise, guide and intervene where such guidance and advice were called for without a due appreciation of what the pathologist's work involved appeared as serious a fallacy as that of regarding him as an efficient supervisor in other departments wherein his knowledge may be faulty and his experience meagre. These young men required guidance, encouragement and advice from their superintendent, and naturally rebelled against the false position of being left to their work, to follow altogether their own bent and inclination. These considerations indicated the necessity that the head of a large institution should take a more real and personal interest in the work of his pathologist; and unless this want was more and more realised the results accruing from the labours of this official would not be equivalent to our expectations. The genuine man was not necessarily one of brilliant parts, nor one averse to undertaking wearisome investigation, but the quiet, unobtrusive, assiduous plodder who did not disdain a preliminary drilling of some years in the most arduous duties of the laboratory. Dr. Yellowlees had years since at Liverpool urged the necessity for some central laboratory to deal with asylum material, but at the time he (the President) was only too painfully conscious of the labour and magnitude of the work so involved to regard it as at all practicable.

Mr. BEVAN LEWIS then emphasised the establishment of a clinical staff of assistants in all large asylums and of an out-patients' department. It would be valuable to an assistant staff, and go far to break down the partition wall of sectarianism, so calculated to congeal their best faculties. He also advocated the promotion of nursing and ambulance lectures and outdoor private nursing. At present the only resource for the neighbourhood was to fall back upon the very limited number of superannuated officials residing there and who were fit persons for the service. The system adopted in the West Riding was as follows. A certain number of skilled nurses are chosen as a private nursing staff, temporarily resigning their post upon the regular staff, their names being struck off the books and their wages and incidental expenses being paid out of the private fund accruing from their earnings. Meanwhile the vacancies so created are filled up on the regular staff by probationers, who offer their services, unpaid, for instruction in nursing, and who succeed to the vacancies occurring from time to time from resignations and other causes. In conclusion, the President thought the scheme might be more generally applied.

Dr. RAYNER thought the best thanks of the meeting should be given for the address and that the nurses' scheme should be widely adopted.

Dr. LINDSAY also thought the meeting was indebted to Mr. Lewis for his scientific address and spoke in warm appreciation of the nurses' scheme and the improvements in clinical and pathological teaching. He said that if the President's suggestions were acted upon a distinct advance would be made in asylum management. He congratulated Mr. Lewis on the liberal spirit which influenced the West Riding Committee.

Dr. ALTHAUS opened a discussion on Psychoses after Influenza. He said that no true post-grippal psychoses had been described previously to 1890, for, with the exception of a case mentioned by Sir Crichton Browne, all other cases previously described have been those of initial delirium. He proceeded to consider these affections in connexion with other and better known post-febrile insanities, and exhibited a table showing the principal points in those psychoses which are apt to come on after rheumatic fever, pneumonia, ague, the acute exanthemata, erysipelas, cholera, and influenza—viz., the number of well-observed cases of these several affections, the influence of sex, age, and general and special predisposition, their duration, and the eventual result. He submitted the following points:—1. Relative frequency: He had found that they were not only absolutely, but also relatively to the number of cases of the parent affection, more frequent than the latter; and that the only acute disease which could at all compare with influenza in this respect was typhoid fever. 2. Sex and age: It was shown that the male sex was more liable than the female, and that most cases occurred between twenty-one and fifty years of age. 3. Predisposition: This was found to have been present in 72 per cent. of the cases, but Dr. Althaus drew attention to the tendency prevailing in medical writings to exaggerate that influence from sheer force of habit. Alcoholism was present in 11 per cent. 4. Relative importance of the fever and the special toxine of influenza. He considered the toxine the more important agent of the two,

more especially in the production of melancholia and general paralysis, the fever being neither sufficiently severe nor protracted to explain the symptoms observed. The fever was, however, of influence in the post-grippal delirium of collapse. 5. Duration: 12 per cent. recovered in a week, 32 within a month, and 56 lasted beyond a month. 6. Proportion of cured, uncured and fatal cases: 7·6 per cent. died, 56·6 recovered and 35·8 remained uncured. 7. Relationship between the severity of the feverish attack and the subsequent appearance of psychoses: The latter were most apt to appear after comparatively slight attacks—viz., 55·2, then followed severe attacks with 27·6, and last came those of medium severity with 17·2. 8. The length of time that may elapse between the feverish attack and the outbreak of the psychosis varied according to the form of the psychosis, the delirium of inanition following close upon a crisis, while melancholia supervened between a few days and weeks after, and general paralysis of the insane later still—viz., up to six months after the attack. 9. Is there any special form of psychosis—a true grippal insanity—caused by influenza which does not occur after other fevers? Four different groups of psychoses were described, none of which were absolutely peculiar to grip, but they differed from other post-febrile insanities by presenting a much greater variety in their clinical features, those most nearly allied to them being the post-typhoid psychoses. 10. How does influenza affect those previously insane? Various epidemics in asylums were referred to showing that insanity constituted in no way a protection against grip, and that in many lunatics the attack of influenza left their mental condition unchanged, while in others the latter was either improved or aggravated. Dr. Althaus thought that such various results might be owing to different vascular conditions. 11. The treatment was successively considered of melancholia, the delirium of inanition, special forms of insanity grafted on pre-existing neuroses or psychoses, and of general paralysis of the insane.

Mr. LEWIS, in inviting discussion, asked the views of others as to the line of demarcation which existed between the effects of influenza upon the sane and the insane in asylums. He had found in his asylum no alteration in mental symptoms after attacks. But outside he had seen profound psychosis very frequently. Why should not it occur inside the asylum?

Sir F. BATEMAN (Norwich) said he knew cases of obscure diseases occur through poisoning of the nerve cells by the special toxine, the ordinary symptoms of influenza being absent.

Dr. RAYNER (London) thought there was an increase in insanity from this cause.

Dr. GOODALL (West Riding) said that every form of psychosis may follow, including paranoia and general paralysis. He alluded to a chronic case of paranoia cured by influenza.

Dr. LINDSAY (Derby) said he had 130 cases, seven-eighths of the attendants having been attacked, but only one-seventh of the patients.

Dr. URQUHART (Perth) thought it would be a pity if this discussion stopped here without making a collective investigation of asylum experience, and mentioned a case in which simple mania had occurred without any known predisposition. Most of the cases would be found to be chiefly due to predisposing causes.

Dr. JULIUS MICKLE alluded to several cases of mental disease directly due to influenza. He criticised the admission into this group of those cases which occurred six months after convalescence, and said that very careful study of this history should be made before including these cases. He spoke of cases in which further inquiry disclosed other causes, such as alcohol.

Dr. BATTY TUKE said the paper was a very important one. He agreed with Dr. Mickle that the utmost care should be taken to ascertain all the causes, and said that if possible differentiation should be made between those due to toxine and to mere exhaustion. He related two cases in which conscious delusions were present.

Dr. CORNER said that at Bethlem 50 per cent. were melancholic, 50 per cent. excited. He added that a distinct class existed in which confusion was a marked feature.

Mr. RICHARDS (late of Hanwell) said it is now fashionable to have influenza, the reliability of the history is often doubtful, and at Hanwell no alteration in symptoms after influenza occurred.

Dr. RICHARDSON (Isle of Man) said that under the action of influenza unruly patients became quite orderly. He thought one case was actually benefited by the disease.

Dr. ALTHAUS replied. He stated that the utmost care was taken about including cases occurring six months or less after the attack, and then only when some symptoms had occurred throughout the interval.

At the conclusion of the discussion Dr. URQUHART proposed and Dr. RAYNER seconded that this Section should recommend the Council to institute a special investigation into the effects of influenza in asylums.

Mr. ST. JOHN BULLEN read a paper on Variations in Type of General Paralysis. He said that opinions were very varied on this subject. He had abstracted 250 cases from Wakefield Asylum; all were fatal and all were males. Sixty-four per cent. of his cases showed optimism, while only a small percentage were melancholic; 28 per cent. had dementia, primary and progressive, and this, he thought, appeared to be on the increase in certain districts. He said that several authorities did not think there was any variation in type among the upper class of patients. The average duration at Wakefield was two years and a half. Investigations showed that post-mortem adhesions were just as frequent now as previously, or 62 per cent.

Dr. JULES MOREL (Belgium) observed that general paralysis seemed to be increasing in Belgium.

Dr. MICKLE said his records were different. It was, however, very difficult to estimate the duration of the disease. With regard to change of type, he thought the percentages depended upon the failure to recognise clinical varieties in the past. He admitted that a change of type was possible on account of changes in the race due to evolution and civilisation, and this was towards depression at the expense of optimism. He said that the increase of dementia as well as the increase of melancholia was partly due to a failure to observe and record those varieties some years ago, the mind of the observer being influenced by previous ideas of the nature of the disease.

Mr. BULLEN, in reply, said that Dr. Mickle's remarks had gone far to show that a variation in the type of general paralysis was not so well established as many had supposed.

Dr. MOREL read a paper on the Psychological Examination of Prisoners, in which he urged that criminals becoming lunatic should be treated in separate institutions attached to the prisons and should be attended by specially trained attendants. He suggested that weak-minded prisoners should be preserved from association with the lowest class of people, and contended that there ought to be a medico-psychological service in all prisons.

Dr. URQUHART said that Belgians were foremost in investigating this subject, and that Dr. Morel had been appointed for this purpose and his experience had been great. In Scotland steps had been taken towards giving partial punishment to persons partly lunatic.

Mr. LEWIS thought there is an increasing demand for inquiry into the mental condition of criminals.

PATHOLOGY.

The President of this Section, Mr. VICTOR HORSLEY, in opening the proceedings made a few preliminary observations on the treatment of pathology by those who have to examine in it and teach it in this country at the present time. He said: "However absurd the statement may appear to some, I venture to assert that pathology, as such, is almost unknown among us. The fact is, that what is commonly spoken of as 'pathology,' taught as 'pathology,' and made the subject of examinations in 'pathology,' is nothing of the sort—it is not pathology, it is morbid anatomy. Suppose a student had paid to be instructed in physiology, and suppose that all his teacher did was, first, to describe the coarse or naked-eye structure of the healthy body, next its minute or microscopical structure, and, finally, to make some crude guesses as to how the various organs worked, should we not say that that student had been defrauded? Yet is not this picture a fair representation of what is usually done with pathology in this country? We have in London a society whose function, as defined in its title, is to promote the study of pathology, but, unfortunately, it has hitherto been only an emporium of morbid anatomy. Thus, even when during the last two years as many as 320 papers were communicated to the Pathological Society, not 10, and in 1890 not a single one, dealt primarily with the pathology of any disease. I shall not be misunderstood or thought to depreciate morbid ana-

tomy *per se*, but I regret that in the representative work of the Pathological Society this study should be allowed to usurp the place of pathology. The pathologist should be the student of disordered function as well as disarranged structure; morbid anatomy is therefore but one side of his work, pathology is the other. As, however, so far as I am informed, there are only three places in England where pathology is taught, the paucity of true pathological research among us cannot be regarded as a matter of surprise. It does not seem to be generally appreciated that what is required at the present day is the accurate determination of the aberrations of normal function, and, seeing what strides normal physiology as a science has made, no difficulty attends the pathologist in this new and fertile field. To take a concrete example, the vast range of diseases of the respiratory functions. What a mass of facts has been accumulated in elucidation of the various changes in the structure of the lungs produced by pneumonia, phthisis, &c.; but how many workers have been found to investigate the degree and effect of the loss of the respiratory function, of the disorder of the normal oxygen and carbonic acid ratios! Yet this is what kills, this is the whole work of the disease, and this is what must be solved before the treatment of such diseases can be worthy of mention other than as mere empirical palliation. This, the pathology of the diseases of the respiratory organs, is a subject before which the facts of morbid anatomy will seem more and more restricted as the intricacy and breadth of the problems it is often supposed to solve are properly considered and appreciated. To take another example—a much smaller one, but involving most fundamental considerations—I mean the condition spoken of as œdema or dropsy. What is more common at the present day than to hear this condition gravely ascribed to alterations in the blood pressure alone, and chiefly to venous stagnation? Even in this very year, in a great discussion on the point, and one which appeared to many to be fruitful in little but surmises, these notions were freely promulgated and confidently relied upon. Yet they have for more than twenty years been absolutely contradicted by experimental pathologists, and shown to be untenable. To what, then, are we to ascribe this surprising indifference to pathology? I have not the slightest hesitation in saying that it is due to want of familiarity with modern progress in physiological and chemical research. Fortunately, laboratories are springing up now on all sides, original investigations are being pushed forward, light and knowledge widely diffused. The reproach that we have been dead-house students rather than true pathologists will therefore soon be wiped away."

DISEASES OF CHILDREN.

Dr. MARSHALL, the President of this Section and Surgeon to the Children's Hospital, Nottingham, delivered an address on the need for systematic instruction in diseases of children. He said: "Children's work is still lightly regarded by the profession and the importance of the subject is not valued as it ought to be. Dr. Latham very pertinently remarked that 'any class of diseases not falling within the range of professional education and having no ready opportunities provided for its study, has a good chance of never being studied at all.' Nevertheless, three-fourths of our medical students will be actively engaged in the practice of their profession with the class of work which, according to some authorities, virtually occupies no place in the curriculum. The medical tyro, when he has to face these cases, readily yields himself up, and feebly remarks, as was said to me not long since, that 'of course, women know more about babies than we do.' With such a state of mind it can not be wondered at that children's diseases appear to some to be included in 'teething and worms,' water on the brain, and, last but not least in its frequency, consumption of the bowels. It is still less surprising that congenital hernia nearly always appears with a phimosis untreated, and, as once happened in a case sent to me, a large empyema on the right side, with the liver pushed downwards, to be diagnosed as a case of disease of the liver. Again, I received a case with a request to advise the best form of spinal jacket for a lateral twist in the dorsal region. One-half the chest was filled with fluid. On pointing this out by letter to the medical man by whom the patient was sent, I received a reply to the effect that he was perfectly aware of the effusion, but he hoped to produce absorption by the pressure of a jacket. This man deserved to succeed, but his shrewdness might be better applied. I think we all here are agreed that the first step towards studying satisfactorily children's ailments is the acquisition of the necessary tact. The proper way of managing children is not acquired in the class-room, but can only come to those who seek to obtain it by constant association with sick children. This could not be done in an out-patient department. I have never been able to understand why it appears to be considered *infra dig.* to be acquainted with every detail of baby life. I do not think that I have suffered much because I have made it my business to be able to talk about most things connected with the diet, dressing and housing of a bairn, neither can I believe that I am justified in assessing the value of the life of my patient by his or her length and weight. A knowledge of these things, which would be included under the heading of 'Nursery Hygiene,' should be learnt as a student. To a man entering upon his career in general practice this knowledge would be of great value. If this had been so, would that wretched invention a baby's binder have been so long in vogue? Would the hand-rearing of children have so long continued to be a mere shuffling process of patent foods in the hope that one may prove to be trumps? Should we have had the persistent use of sleeping cordials with which the baby:

> **When crammed with food and tightened every limb,**
> **Is dosed to give him comfort?**

It were well to add the concluding lines of the above, although the nurse is referred to and not the doctor:—

> **Soon may she spare her cordial; not a doubt**
> **Remains, but quickly he will rest without.**

Crabbe in no way overstates the case, as everyone knows who sees much of children's work, and our profession must morally accept an adverse verdict."

THERAPEUTICS.

In the Section of Pharmacology and Therapeutics the President, Dr. BROOKHOUSE, Senior Physician to the General Hospital, Nottingham, delivered an address upon some points in pharmacology and modern therapeutics. Medicine, he said, using the term in its largest and broadest significance, was at once an art and a science based upon observation, experiment and practice. Science, he added, had given much, if in some instances it may have led to error; but in every field of experimental work error would be discovered, and truth was only revealed by long and patient watching. Most of our present remedies were the outcome of experiments made with natural products, animal, vegetable or mineral, or with compounds which the chemist has put at our disposal. For the chemist has not only separated the active principles from vegetable and animal substances, but he has produced hundreds of new compounds, both organic and inorganic, some of which have been found of the greatest value as curative agents—for example, bromide of potassium, chloroform and nitrite of amyl. It has long been known, however, that the action of even the simpler of these substances is the resultant of the properties of the atoms or groups of atoms of which they are composed; that, for example, the atom of bromide and the atom of potassium in bromide of potassium has each a special physiological influence on certain tissues and organs. The physiological action of these atoms can usually be traced in the various combinations which they are capable of forming. At least a score of new substances have been introduced during the past twelve months for the purpose of fulfilling some definite therapeutic want, and though doubtless many, probably the majority, would not be of practical service, still there was evidence that some might prove to be very useful medicinal agents, and there was great hope that with increasing knowledge new compounds would be formed, which would be of incalculable value in the treatment of disease.

Alluding to the use of the lower forms of life which are connected with disease, and respecting recent researches on toxines as protective agents, Dr. Brookhouse said: "It is quite possible that some methods of treatment, founded on the knowledge which has been gained by the influence of micro-organisms and toxines, may not prove capable of practical application; if, however, this be the case, certain facts as to this influence are proved, and we have good grounds for hoping that further experiments made on the use of micro-organisms and their products will before long put in our hands new therapeutic agencies for the cure of infectious diseases in man. Doubtless in this kind of experimental work difficulties may arise from the varying behaviour of

different animals under one and the same toxine, and that in man the results may differ from those seen in the lower animals. For this we are not unprepared, because the varying action of ordinary drugs in man and the animals and between families, such as the herbivora and carnivora, have long been known. But notwithstanding these differences, experimentation upon the lower animals has proved of the greatest value to man; and the outcry against this method and the prejudice against it which still largely exist are not creditable to the intelligence and candour of its opponents; whilst the progress, in this country at least, of scientific research has been materially hindered by this opposition and the advantages which would undoubtedly have resulted to man have been thus diminished and retarded."

Again, the conditions of physical strain and mental tension, due in great part to the conditions of social life, were provocative of nerve changes both coarse and subtle, but all degenerative in type. With these therapeutics had not and could not keep pace, although doubtless during the present century clear and distinct advances had been made in the treatment of disease. A notable example of this was found in the treatment of syphilis. In former times, yet within the memory of middle-aged men, it was not uncommon to see the recrudescence of this malady years after its initial signs and supposed elimination from the body. It was not considered necessary to prolong treatment much beyond the disappearance of the local sore and its induration, or at most after the disappearance of secondary symptoms, as they were commonly called. Dr. Brookhouse believed that the more careful clinical observation of comparatively recent times, which has resulted in the prolonged treatment of the disease by mercury and other specific remedies, has materially altered and improved our statistics, and that now it is somewhat exceptional to see its reappearance. The treatment of the restlessness with delirium in sthenic pneumonia afforded another example of advance. It was for those engaged in clinical observation to supplement the work of the chemist and pharmacologist who introduced new remedies. In conclusion he brought forward his experience regarding the use of menthol in the treatment of pulmonary phthisis. The method he adopted consisted in the introduction once or twice daily into the trachea of one drachm of a 12 per cent. solution of pure menthol in pure olive oil. This he effected with the aid of the laryngoscope and a syringe specially made with a curved tube; the tube is passed through the rima glottidis, about half an inch down the trachea. After a little practice and habituation the patient feels no inconvenience or discomfort whatever; on the contrary, there arises an agreeable sense of warmth in the chest. One very early result is a marked diminution of the cough and expectoration; the night sweats, if previously existent, cease, the hectic temperatures become much less marked, the curves often go to the normal, and the patient gains in weight.

Dr. BROADBENT opened a discussion on the subject of Cardiac Tonics and the indications for their Use. He restricted the paper to the discussion of the use of the so-called cardiac tonics, and did not touch upon what he expressed himself as feeling to be even more important in treating diseases of the heart—namely, rest, graduated exercise, and the elimination of waste products. He also spoke of the difference between these remedies in their action. It was claimed on the best authority for strophanthus, he said, that it increased the force of the systole of the heart without increasing the contraction of the arterioles. He did not find that drug to be as generally useful as digitalis in cardiac disease probably due to the fact that the preparations of strophanthus were not uniform, and a large proportion of them were comparatively inert. Occasionally however where digitalis failed to produce an effect or where it could not be tolerated strophanthus produced excellent results. Caffein was said to increase the solids in the urine while digitalis increased the fluids. That was not borne out by his own experience. The practical point at which he had arrived was that caffein and digitalis together would do a great deal more than could be accomplished by merely increasing the dose of digitalis alone. There was some difference in the action which made caffein an exceedingly valuable supplementary heart tonic.

Dr. LAUDER BRUNTON said that Dr. Broadbent had shown admirably how digitalis acted in affecting both the heart and the vessels. In digitalis as commonly used there is a curious combination of substances, because apparently digitaline and digitoline have more or less an antagonistic action, the digitaline tending to cause strong contraction of the involuntary muscular fibres both in the heart and in the vessels, whereas digitoline tended rather to counteract this action. Where there is excessive contraction of arterioles in cases of cardiac disease it is well to combine with digitalis some other substances which tend to dilute the vessels—for example, the spirits of nitrous ether. One of the directions in which modern pharmacological research is likely to give aid in treating patients is in the discovery of some substances which would tend even more than strophanthus to contract the heart more powerfully than the bloodvessels. One such substance appears to be oxy-sparteine which acts strongly upon the heart, but very slightly upon the vessels, and in cases where digitalis does not act we find strophanthus seems to exert too strong an influence upon the vessels where the heart seems to be very weak in comparison to the resistance which has to be overcome. We may find that a substance like this could take the place of such a combination as digitalis and nitrous ether or strophanthus and spirit of nitrous ether. In cases of men who are accustomed to take alcoholic stimulants continuously and whose heart begins to fail, digitalis seems to have very little effect indeed either in increasing the force of the heart or in slowing it. This was rather in favour of the idea that digitalis did not act purely and simply upon the cardiac muscular fibre and that it has a certain action on the heart through the vagus. Experiment seems to show this to some extent, because in animals, when the heart is slowed by means of digitalis, its rhythm is very considerably affected by cutting the vagi. The heart was not always found to be in a state of tonic contraction. In a dog, which poisoned itself with digitalis leaves the heart became slowed to six per minute before death, and after death it was found to be in a state of diastole. One of the benefits which arises from digitalis is prolongation of the diastole, the period of rest both of the ventricles and the auricles. If the vagi be cut and intra-cardiac pressure thereby increased the heart almost immediately begins to beat very much more quickly than before, and therefore if we have increase of tension within the vessels we tend to counteract the restful influence of digitalis and the other cardiac tonics. Muscular exertion is, as everyone knows, a factor which increases the tension within the heart, and obviously if we wish to get the restful heart which we desire for its recovery from over-strain one of the best things we can do is to put the patient completely at rest. There is no mode of treatment of cases of mitral disease which seems to yield more satisfactory results both for the patient and the doctor than *complete* rest. As an adjunct to complete rest in bed, massage is of great use. It increases the nutrition of the patient without putting any strain upon the heart. When the patient recovers you wish him to get more than the passive exercise of massage, and at the same time you feel uncertain about allowing him to go outside and walk about. There is no doubt whatever that the treatment by graduated exercise is very useful, but it has the disadvantage of being difficult to prevent the patient from overdoing it. Dr. Brunton showed an "ergostat" which has been invented by Professor Gärtner of Vienna and which can be so adjusted that the resistance to the force of the patient could be increased or diminished at will. Another point to be noted was that of elimination. The waste products of muscular tissue gave rise apparently to a certain amount of contraction and also seemed to interfere with the action of the heart in the interchange between the blood and the tissues. As a result of mitral disease very often the liver is enlarged and the patient's general condition is improved by a purgative such as blue pill at night followed in the morning with a compound jalap powder. The combination of these points in the treatment would prove very beneficial.

Dr. CLIFFORD ALLBUTT thought the knowledge on the subject was as yet very rudimentary and somewhat obscure; by the use of cardiac tonics the potential equilibrium might be attainable, but it had no good chance until the back reckonings were cleared away. He ventured to think that the "ergostat" would be an exceedingly dull performance and suggested that some kind of musical instrument might be attached to the handle.

Professor EBSTEIN joined in the discussion.

Professor OLIVER thought it mattered very little in the first instance what was the primary lesion of the heart, because the immediate effect of any lesion was to overload the heart with work. He maintained the utility of digitalis in aortic regurgitation.

Dr. LINDSAY said he would confine himself to general impressions, omitting details. He had tried digitalis and strophanthus largely, convallaria and caffeine much less often, cascara and sparteine not at all. He regarded digitalis as much the most valuable of the group.

Dr. A. J. HARRISON made a few remarks about the point of absolute rest in cardiac diseases and especially in aortic regurgitation. By rest he meant absolute rest in bed for a period of six months. A case was related in which a girl with very marked aortic disease (double) was much benefited by this plan. At the commencement the girl was pale, anæmic and restless, the apex beats being two inches outside the nipple line. At the end of the time the heart beat was half an inch inside the nipple line. The appearance of the patient was markedly improved; she had colour in her cheeks, had gained flesh and was able to take gentle exercise with comfort and this condition was continuing when she was last seen a few weeks ago.

Dr. STOCKMAN drew attention to certain points in the action of digitalis in health and in cardiac disease mentioned by Dr. Brunton—viz., after poisoning a dog with digitalis its heart was found in diastole. Now if small enough doses are given this is invariably the case. The first effect of digitalis is to prolong the diastole and during this stage the heart chambers are better filled, but the blood pressure is only slightly raised or possibly not at all. In cardiac failure the symptoms which distress the patient are chiefly dyspnœa and dropsy, both of these being due to insufficient filling of the arteries and overfilling of the veins. If this be put right by any means the patient is relieved. Rest suffices often and therefore the blood pressure does not necessarily require to be raised, but only a redistribution of the blood is effected. Dr. Broadbent mainly lays stress on digitalis increasing the propulsive power of the heart, speaking of the left auricle as if it were quite passive, but it must be remembered that it shares in the slowing and therefore gets more time to propel its contents into the left ventricle and thus assist in restoring the balance of the blood distribution. In any forms of valvular lesions, where the blood is not properly distributed, digitalis, it seems to me, will do good if not given in too large doses. The bad results often obtained are probably frequently due to excessive doses.

Dr. BROADBENT, in replying, had no doubt that under certain conditions the amount of ventricular dilatation with aortic regurgitation would indicate digitalis being useful. The amount of regurgitation may be small, but the heart much dilated because of the habits and work of the patient. The action of the left auricle is merely passive; and the right side, where venous pressure is less and external influences more obvious, the contraction of the right auricle would be of service. It does not necessarily follow that because arteries are badly filled veins are too full, and in some cases aortic regurgitation might be first signalised by the patient dropping down dead, or by attacks of giddiness.

The Section then adjourned.

LARYNGOLOGY.

In this Section the President was Dr. HAYES (Dublin). He first thanked the members for the honour done to him and welcomed Professor SCHRÖTTER of Vienna and other distinguished visitors to the section. The first discussion was on the subject of the Etiology, Pathology, and Treatment of Nasal Neuroses, introduced by Mr. DONALD STEWART, who furnished an excellent bibliography of the subject, recounting observations from some 250 different observers. Both papers were deservedly well received. Throughout the discussion considerable variety of opinion was expressed as to the advisability of general as opposed to local treatment. A consensus of opinion, however, seemed to tend towards the statement that in certain cases local evidence was quite sufficient to account for the nervous phenomena. Professor SCHRÖTTER communicated a paper on the subject of Nervous Affections of the Throat, which consisted of a series of observations of three rare neuroses. While, of course, no one could question the excellence and accuracy of the distinguished Professor, still Dr. FELIX SEMON suggested another explanation to account for the observations. Professor SCHRÖTTER, in reply, said that they could not explain everything they saw in nature or in medicine, but the facts were as he had stated them. Some other papers followed.

THE EXHIBITS.

The museum of the British Medical Association has a special feature attached to it this year in the shape of a Sanitary Exhibition, which was to have been opened on Tuesday, the 26th inst., by Sir Walter Foster, M.P., who was prevented through a slight illness from attending. The President-elect of the Association, Mr. Joseph White, officiated in his stead. In opening the exhibition he said that for many years it had been the custom of the British Medical Association to have a museum showing the advance of medical knowledge in its application to sanitary science. This year it had been attempted to extend that department, and it was peculiarly appropriate that it should be at Nottingham that this departure should have been made, because Nottingham had stood in the front rank of those towns which had seen the importance of sanitary work and which had tried to improve the defects of ancient methods.

The Mayor of Nottingham, Alderman Blackburn and Dr. Boobbyer, medical officer of health for Nottingham, also spoke.

In the exhibition there were in all nearly fifty stalls, on which the exhibits were placed, and in looking round them we note the various stalls as follows:—Stall 1: The Anidjah fire-escape, which consists of a tubular arrangement by which descent can safely be made from the highest building. The upper part of the tube is constructed of asbestos strengthened inside by metal bands and thus is protected from the action of fire. Stall 2: A Nottingham School Board exhibited a desk and seat, the construction of which is designed to promote an erect posture. Stall 3: Messrs. Emerson and Franks exhibit among other goods Dr. Boobbyer's hospital locker, consisting of a small cupboard with drawer and trays surmounted by a cover, projecting downwards at the sides, and which serves the double purpose of a bed-table and shelf for food, medicine &c. This has been adopted in a Nottingham general hospital and in several other hospitals in the provinces. Stall 4: Messrs. Boyd and Co., Belfast, here exhibit their well-known doctors' ulsters and other goods. Stall 5: Messrs. John Humphreys and Co., Limited, of the Cavalier Soap Works, Nottingham, show as specialities their dry and paraffin soaps. Stall 6: Mr. W. Cook of Lenton Boulevard shows a twin pump and condensing engine for use in lifting water to great altitudes, and also artesian well apparatus. Stall 7: Messrs. Hughes and Lancaster, Great George-street, Westminster, exhibit a working model of the "Shone" hydro-pneumatic system of sewerage. Stall 8: Messrs. Foster and Cooper of Long-row, Nottingham, exhibit on their own account a large variety of hospital furniture as supplied to the General Isolation Hospital at Nottingham; for Messrs. Isaac Chorlton and Co. they exhibit operating tables, hospital bedsteads, bed-rests and other like specialities; and for Messrs. L. P. Whitfield the "Lawson-Tait" bedstead. Stall 9: Mr. H. Sulley, Wheeler-gate, Nottingham, shows his patent noiseless safety glass floors and pavement lights. Stall 10: Messrs. Duckett and Son, Burnley, display their well-known waste waterclosets in six varieties. These closets are all erected and in working order, so as to exhibit all working and structural details. Stall 11: Messrs. John Parker and Hassal, of Nottingham and London, show their safety joint for drain and other pipes, which is now used by some 150 local authorities in England and Wales alone. Stall 12: Mr. W. E. Allen, Gravelly-hill, Birmingham, shows automatic flush closets in several varieties. These closets are in working operation. Stall 13 contains an exhibit by Price's Patent Candle Company of candles which are stated to contain no organic or metallic impurities; they also exhibit soaps and disinfectants in many forms. A considerable number of exhibits arrived after the catalogue had been completed. (This account will be continued in our next issue.)

IRISH MEDICAL SCHOOLS' AND GRADUATES' ASSOCIATION.

THE provincial general meeting of the above Association, which now numbers nearly 700 members, was held on Wednesday, July 27th, at University College, Nottingham. In the absence of the President, Director-General Dick, C.B., R.N., Dr. Heath of St. Leonards was called to the chair. There

was a large attendance of members. The Council reported that since the anniversary meeting a signal victory over the monopolists of hospital appointments had been achieved at Hastings, where, by a majority of 78 to 33, the governors of the East Sussex Hospital had repealed the rule restricting honorary staff appointments to those holding London diplomas.

Professor Cuming, M.D. (Belfast), proposed, Dr. Douglas (Leamington) seconded and it was unanimously resolved: "That the Association records its satisfaction at the success of the Council's proceedings in reference to the rule formerly in force at the Hastings and East Sussex Hospital by which diplomates of the Irish Royal Colleges of Physicians and Surgeons were excluded from competition for honorary appointments on the staff of that institution." The Council also reported that Lord Sandhurst's Committee had published as an appendix to their lately issued report to the House of Lords a statement prepared on behalf of the Association setting forth the injustice of the restrictive rule as it exists still in the greater number of the large London hospitals. A vote of thanks to the Chairman concluded the proceedings.

ARMY MEDICAL DEPARTMENT REPORT FOR THE YEAR 1890;

WITH APPENDIX. VOL. XXXII., 1892.[1]

[FIRST NOTICE.]

THE army medical report has been issued rather earlier this year than usual. It consists of 391 pages, 71 of which are in the form of an appendix to the report and contain papers on the Progress of Hygiene for the year 1891, a report from the medical and surgical divisions of the Royal Victoria Hospital, Netley, a paper on the Etiology of Malta Fever, and another on Six Cases of Lightning-stroke. The great bulk of the report therefore consists of the vital statistics of the troops at home and abroad and matter concerning the sanitary conditions by which they are surrounded. As the primary and fundamental object in the publicaton of these reports is for the information of the Houses of Parliament this must necessarily be the case and very properly so. But we think it is to be regretted that the more strictly professional and scientific portion of the volume appears to be a diminishing quantity. Medical officers scattered all over the world have so many opportunities of making original and interesting observations that we are curious to know what are the new diseases, if any, they have encountered and how those with which we are familiar at home comport themselves abroad under different conditions of climate, to say nothing of observations in medico-topographical reports on natural history, anthropology, climatology and the like. The departmental reports of the past contained many really valuable contributions to our knowledge in various directions. Without doubt the statistical portion of this volume is ably executed; the information is full, clearly arranged, and almost every point capable of being illustrated or elucidated by figures has been turned to account. But statistics and reports dealing with the sanitary details of places with which the reader has probably no personal acquaintance are not mentally more palatable than a water-free food diet would be. The point which is looked for is apt to be lost in a multitude of figures and ratios, and it is not always possible to say whether all the figures are really relevant to the subject to be elucidated. Statistically considered, however, these reports are admirable; and we should like to be able to say the same of the papers in the appendix in regard to their number, variety and quality.

With these few prefatory remarks let us now turn to the volume itself. The average annual strength of the troops serving at home and abroad in 1890, as computed from the returns, was 196,502 warrant officers, non-commissioned officers and men (exclusive of colonial corps); the admissions into hospital in this force were 208,014 and the deaths 1787. The rates represented by these numbers are for admissions into hospital 1058·6, and for deaths 9·02 per 1000 of the average annual strength, calculated as 198,154, which includes detached men. For the previous ten years (1880 to 1889) the ratios per 1000 of troops serving at home and abroad were for admissions into hospital 1058·2 and for deaths 10·28.

Examining the tabular results of sickness in the different commands we find that the mortality-rate per 1000 among troops quartered in the United Kingdom for the year 1890 was 5·53, at Gibraltar it was only 3·22, at Malta 9·77, in Egypt 12·47, 13·58 in Bermuda, nearly the same in Mauritius and 14·45 in India. Compared with the results for the ten years from 1880 to 1889 the death-rate per 1000 for troops serving in the United Kingdom was 6·10, in Gibraltar 6·13, Malta 8·66, Bermuda 10·04 and 15·66 for India, whilst the mortality rate for Egypt for the seven years 1883–89 was 25·66. The average strength of the troops serving in the United Kingdom during the year 1890 was 100,120, to which men detached from these corps, computed to average 1652, have to be added. For the United Kingdom, taken as a whole, the admission ratio was 810·6, the death-rate 5·53, the invaliding rate 16·72, and the constantly sick rate 44·29 per 1000 of strength. Compared with the corresponding ratios for the preceding ten years, a decrease is observed in all the rates of sickness and mortality, but there is a slight increase as compared with the results of the previous year. The total loss by death and final discharge from the service on account of medical unfitness was 2265 men, being in the ratio of 22·25 per 1000 of strength, which is higher than the ratio in the previous year by 1·79. Adverting to some of the more important statistics of sickness mortality and invaliding among the troops in the United Kingdom it is satisfactory to learn that there was not one case of small-pox recorded in the year. Out of 243 admissions for scarlet fever 225 occurred in England and Wales, none in Scotland, and 18 in Ireland. The greatest number of cases in any one station was 80, at Woolwich, of which one proved fatal; the disease was also very prevalent among the civil population. At Aldershot there were as many as 75 cases with 1 death, and at Devonport 28 cases with one death. These three stations gave three-fourths of the total number of admissions, the remaining fourth being scattered among as many as twenty stations.

As regards enteric fever the admissions numbered 126 and the deaths 30. The admission ratio was 1·3 and that of mortality 0·29 per 1000. The percentage of mortality to attacks was 2·39, as compared with 17·8 in the previous year and 23·1 the average for ten years. In Scotland there was only one admission from this disease, but that terminated fatally; the admission ratio was 0·3 per 1000. In only one of the administrative districts in England—viz., the Thames district—was there complete immunity from this disease and the number of stations in which it appeared was 30. As in several preceding years, the station showing the greatest prevalence of the disease was Dublin, but in this respect the year under report compares favourably with the preceding year, as the number of cases and deaths were 34 and 6 respectively, as against 63 cases and 8 deaths. This great decrease in the number of attacks is due to the fact that, on account of the notorious prevalence of enteric fever in the Royal barracks they were evacuated quite early in the year. Excluding the Royal barracks, the number of cases from the remaining barracks continued the same. The disease seems to have appeared in nearly all the barracks in Dublin, and the sanitary condition of some of them was considered so unsatisfactory that they were evacuated. This looks as if some extensive sanitary engineering works required to be undertaken for the disposal of the sewage of the city of Dublin as a whole. The station which shows the next largest number of cases is Aldershot, where there were 18 admissions and 4 deaths, as compared with 8 admissions and 1 death in the previous year. The cases came from different parts of the camp. At Caterham there were 15 attacks and 2 deaths; the cases came from four blocks of barracks and the outbreak was probably attributable to certain important sanitary defects, which were discovered and rectified.

Just at the close of the year 1889 a few cases of influenza had appeared in England, which were the commencement of the epidemic that spread all over the country within the first three months of the following year. The total number of admissions was 6584, with eight deaths. The ratio of admissions was 65·7 and that of deaths 0·08 per 1000. Every district was more or less affected with the disease, but the greatest number of cases occurred in the Home District. Influenza also appeared among the troops stationed in India and the colonies; in fact, throughout our foreign commands.

Taking all forms of venereal disease together, the admis-

[1] London: Printed for H.M.'s Stationery Office, by Harrison and Sons, Printers in Ordinary to Her Majesty.

sions in the United Kingdom for these complaints numbered 21,262 and the constantly sick 1709·35. The total ratio of admissions was 212·4 per 1000, which differs only fractionally from the corresponding rate in the previous year, but is below the average rate for the preceding five years by 32·8. Under the head of "poisons" it may be incidentally remarked that there were eight admissions and two deaths. Two of the cases were of poisoning by oxalic acid, taken with suicidal intent, one of which proved fatal, and there was a fatal case of suicidal poisoning by cyanide of potassium. There were 21 cases of suicide during the year among the troops serving in the United Kingdom, as against 17 in the preceding year, the average number for the previous ten years being 20. The number of men discharged the service during the year as medically unfit was 1,702, being in the ratio of 16·72 per 1000, which is rather higher than the corresponding rate of the previous year, but lower than the average rate for the preceding ten years by 2·82 per 1000.

We must refer the reader to the tables showing the influence of age and length of service on sickness, mortality and invaliding among the troops serving in the United Kingdom during the year 1890. As might, we think, be expected the occurrence of sickness was greater among young soldiers than older ones, the mortality rate, on the other hand, being very low among men in their first year's service and the invaliding ratio being also low. The sick rate shows a steady decline during the third, fourth and fifth years of service, followed by a slight rise among men of between five and ten years' service and falling again considerably among men over that period of service.

There is an interesting table showing the statistics of sickness and mortality among troops quartered in the large camps at Aldershot, Colchester, Shorncliffe and the Curragh, as compared with those of troops quartered in thirty-seven large towns where the average strength was over 500 non-commissioned officers and men. According to the table the admission- and constantly-sick rates of men in camps differ very slightly from those among men quartered in towns. The mortality rate was a good deal higher among men quartered in towns than among men quartered in camps. This was also the case in the preceding year, but to a less extent.

THE ASSOCIATION OF FELLOWS OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A MEETING of the committee of the Association of Fellows of the Royal College of Surgeons of England was held at 5 P.M. on Thursday, July 21st, at 36, Grosvenor-street. Mr. George Pollock, the President, occupied the chair, and there was a full attendance of members of the committee. Mr. Vincent Bell of Rochester and Mr. J. J. Purnell of Streatham were introduced as new members of the committee. The minutes of the last meeting having been read and confirmed, letters expressing regret at being unable to attend were read from Mr. Holmes, Mr. George Jackson of Plymouth and Mr. G. F. Helm of Truro. A report was presented by the honorary secretary, Mr. Percy Dunn, in reference to the recent meetings and the annual dinner. After the payment of the expenses of the dinner a small balance remained and was handed over to the treasurer for the general fund. Some discussion ensued about holding a dinner in 1893 in consequence of the arrangements which have been made by the Council of the Royal College of Surgeons for a Fellows dinner on the occasion of celebrating the jubilee of the Fellowship. The decision of the matter was deferred. A similar result was arrived at in reference to certain points of reform at the College, such as the mode of procedure at meetings at the College &c., it being considered advisable not to press these matters upon the Council for the present.

Two letters from Mr. Holmes addressed to the President were read by Mr. Pollock. They referred to an incident which occurred at the meeting of Fellows of the College on the 7th inst. and to a collateral matter of some importance to the Association arising out of that incident. A prolonged discussion ensued upon these topics and ultimately a letter was drawn up to be signed by the President and Honorary Secretary of the Association and to be forwarded to the official referred to in Mr. Holmes's letters. The object of the communication was to secure the correction of a misstatement which affected the Association. Further action was deferred till the next meeting of the committee.

On the motion of Mr. W. Allingham, a vote of congratulation to Mr. John Tweedy on his recent triumphant election to the Council of the College was unanimously passed. In thanking the committee for their congratulatory vote Mr. Tweedy said that he had been greatly influenced in persevering in the reform movement and continuing to work on the committee of the Association by the example set by Mr. Pollock as President of the Association. He hoped to be able to act on the Council of the College in accordance with the views and principles which he had supported in the committee of the Association. There being no other business the committee adjourned at 6.30 P.M.

FOUNDER'S DAY AT EPSOM COLLEGE.

THE annual ceremony of perpetuating the memory of the late Dr. Propert, the founder of the Epsom Medical College, with which is associated the annual distribution of prizes to the boys, took place on Monday last. Favoured with fine weather, there was a large attendance of parents and friends. The head master, the Rev. T. N. Hart Smith, M.A., presided, and was supported by Dr. Lumsden Propert, son of the founder, Dr. Holman (treasurer), Sir Joseph Fayrer, K.C.S.I. (chairman), Sir Edward Sieveking, M.D., and other members of the council.

Prior to the distribution of the prizes the Head Master delivered a lengthy speech, in the course of which he reviewed the work of the school and the achievements of the scholars during the past year. He said they could point to a year of healthy progress, and he would like to say how thoroughly satisfied he was with the discipline of the school. They had had a fairly clean bill of health, but unfortunately they had to record many a sad loss from death. The council had supported the extension of the museum, and they had a most flourishing rifle corps, the members of which numbered seventy. The College was asking to be recognised as a school of science on the grounds that the teaching is sufficient, as shown by the list of distinctions gained, and it possessed all the requisites for science teaching. Recently out of ten boys who went in for the Preceptor's Scholarships nine passed, and out of twenty-seven boys who went in for the Cambridge Local Examinations twenty-one obtained certificates. One of the great disadvantages of the present system was that those boys who most required the discipline and teaching of school were very often sent up to the hospitals of London before they were really fit to go to them. If some means could be adopted to keep those boys and train them to pass the first examination, which they had to pass in London before they left school, he believed the advantages would be much greater than those of the present system. Six scholarships had been won by the College at Cambridge during eighteen months, and they had also passed two boys direct into the army class. He would be very sorry, however, if the application on their part that the school should be registered as a school of science should lead anyone to suppose that they wished to make any difference as to classical teaching. He felt and was sure that the members of the council considered that the school must always be conducted on a classical basis.

The awards were then handed to the successful scholars by the Head Master, the Propert Prize being presented by Mr. Lumsden Propert to F. G. Thompson and P. Levick, between whom it was divided, each receiving a bronze medal and £10. The scholarship of £50 a year called the Harvey Owen Scholarship, which had become available for the first time on this occasion, had been awarded to P. Levick, and the Doncaster Gift Scholarship to Senior Prefect F. G. Thompson.

Dr. HOLMAN expressed his delight at hearing such an excellent account of the work of the school. It was not the case, he said, of a new broom sweeping clean, as Mr. Hart Smith had not only began to work when he came there, but had continued to work with great success. That school had won a repute for Epsom. A free medical scholarship to the London Hospital had been given to it that day and he congratulated the College upon the fact.

Sir JOSEPH FAYRER also addressed a few observations to

the scholars and congratulated the Head Master on the success the school had achieved.

The large company shortly afterwards adjourned to the lawn, where light refreshments were served.

MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

THE fifty-first annual meeting of the above Association was held on July 21st at The Retreat, York, in honour of the centenary of the foundation of that institution. The proceedings commenced at eleven o'clock by a general meeting of members for the receipt of reports, the election of officers and the transaction of other business. Dr. Yellowlees moved the following resolution: "That the Medico-Psychological Association of Great Britain and Ireland, assembled in its annual meeting at the York Retreat, desires to place on record its admiration of the spirit which animated William Tuke and his fellow workers a hundred years ago, its appreciation of the mighty revolution which they inaugurated, and its thankfulness for the beneficent result which their example has secured in the humane and enlightened treatment of the insane throughout the world." Various matters were discussed and committees were appointed to revise the rules and the question of proxy voting, to consider and report on the subject of public asylum dietaries, and to compile and reissue a handbook of instruction to attendants and nurses on the insane. It was resolved—"that a copy of the report of the Care and Treatment Committee be sent to each County Councillor and to each member of Committees of Asylums not managed by County Councils within the United Kingdom"; that application should be made to the Home Office for the prefix of the word "Royal" to the name of the Association; and that a board of education be appointed to consider all questions affecting medico-psychological teaching. Suggestions were also presented from a committee for the improvement of the rules for the training, examination and certification of attendants and nurses on the insane; these were discussed and for the most part agreed to. Dr. Needham and Dr. Féré were elected honorary members. After luncheon, provided by the Retreat Committee, Dr. Baker, the President, delivered his address. He took for his subject Hospitals for the Insane, their power and influence in the treatment of mental ill-health. He considered that such hospitals were factors for good in two distinct ways: (1) They possess, or ought to possess, every possible power and appliance for the care, treatment and cure of the insane, and everything that brains and money can obtain; (2) all the money obtained from the remunerative patients being spent liberally and impartially in promoting the welfare, comfort and cure of the patients who are not remunerative, whether they pay anything or nothing. As a means towards the first object special accommodation for special cases of mental illness had been made and numerous villas had been built in the grounds of the hospital; an increased number of resident medical officers had also been appointed. In the evening the members and a number of invited guests, among whom were Dr. Morel (Belgium), Dr. Semelaigne (great-grand-nephew of the illustrious Pinel) and the City Sheriff dined at the Station Hotel. Numerous letters of regret for non-attendance and congratulations to the Association and the Committee of the Retreat on the completion of the centenary of its foundation from official bodies at home and abroad were read by the honorary secretary, Dr. Fletcher Beach.

ROYAL BRITISH NURSES' ASSOCIATION.

THE fourth annual meeting of this Association was held in the Pavilion at Brighton on July 21st. Dr. Hollis, F.R.C.P., took the chair and a considerable number of members were present. The annual report of the General Council, presented by Dr. Bezly Thorne, showed that there were 2818 members now on the roll and more than 1800 on the register of trained nurses, the second volume of which was published in January. Reference was made to the petition presented by Princess Christian, the President, for a Royal Charter of incorporation for the Association, and Her Royal Highness's constant interest and support were warmly acknowledged. It was pointed out that the select committee of the House of Lords in their report had expressed their opinion that no woman should be sent out as a private nurse unless she had received three years' hospital training, thus corroborating the standard which the Association had from the first adopted and for which it had been so very strenuously opposed. As all hospitals will probably now adopt this standard it was confidently hoped that the opposition to the Association would soon disappear. The good work done by the Association in giving pensions and pecuniary grants to its members who were in indigence or temporary difficulties, and the steadily increasing support accorded to its registration scheme by medical men all over the country, were commented upon. Dr. Bedford Fenwick presented the audited accounts, showing that the Association had in four years made investments amounting to £1340, that the balance in hand was £255 and that all the schemes of the Association except the register were now more than self supporting. Various alterations were made in the by-laws which, amongst other things, provided that the General Council, which is the governing body and which consists of 100 medical men, 100 hospital matrons and 100 sisters and nurses, should be elected by voting papers sent to all the members in May of each year. Votes of thanks to the Mayor and corporation, the committees of the Sussex County Hospital and of the Home of Rest for Nurses, to others who had offered hospitality to the Association and to the chairman concluded the meeting. Luncheon was then served in the Banqueting Hall of the Pavilion, at which the Mayor (Dr. J. Ewart, F.R.C.P.) took the chair. After proposing the healths of the Queen and of the President of the Association the chairman gave the toast of "The Nursing Profession." He welcomed the Association to Brighton and warmly congratulated it upon the important public work in which it was engaged, and noted the opposition with which it had been met as a further proof of the value and necessity of its work. He thought that it was most fortunate that its opponents had prevented it from becoming registered under the auspices of the Board of Trade, as the importance of its work and of the nursing profession as an integral part of the medical profession demanded that the Association should be considered as something higher than a mere limited liability company. He felt confident that all medical men who learnt what the Association was doing in attempting to afford them and the public some means of distinguishing trained nurses from ignorant and incompetent women who called themselves such and to bring the whole nursing profession under professional control would give the Association their cordial support and assistance. Whether the Association obtained a Royal Charter this time or not he thought would matter very little, for if it persevered in its valuable work it would undoubtedly succeed, as truth always succeeded in the end; and it would obtain all the more support and sympathy the more it was opposed. The toast of "The Chairman" having been duly honoured the proceedings terminated. The members spent the rest of the day in various sea and inland excursions which had been planned for them on the invitation of the committee of the Sussex County Hospital, then inspected that institution and had afternoon tea in the garden, and later in the day enjoyed the hospitality of the Nurses' Home of Rest in Sussex-square.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns 6303 births and 3467 deaths were registered during the week ending July 23rd. The annual rate of mortality in these towns, which had been 17·1 and 17·9 per 1000 in the preceding two weeks, declined last week to 17·7. In London the rate was 19·0 per 1000, while it averaged 16·8 in the thirty-two provincial towns. The lowest rates in these towns were 11·1 in Cardiff, 11·5 in Portsmouth, 12·1 in Brighton, and 12·8 in Bradford; the highest rates were 19·9 in Hull, 20·1 in Birkenhead, 21·3 in Blackburn, and 21·5 in Bolton. The 3467 deaths included 625 which were referred to the principal zymotic diseases, against numbers increasing from 477 to 598 in the preceding four weeks; of these, 282 resulted from diarrhœa,

135 from measles, 81 from whooping-cough, 53 from diphtheria, 41 from scarlet fever, 27 from "fever" (principally enteric), and 6 from small-pox. No fatal case of any of these diseases occurred last week in Burnley; in the other towns they caused the lowest death-rates in Newcastle-upon-Tyne, Swansea and Wolverhampton, and the highest rates in Croydon, Leicester, London, Preston and West Ham. The greatest mortality from measles occurred in Huddersfield, Sunderland, West Ham and Halifax; from whooping-cough in Portsmouth, Salford, Croydon, Hull and Preston; and from diarrhœa in Blackburn, Croydon, Norwich, London, West Ham, and Leicester. The mortality from scarlet fever and from "fever" showed no marked excess in any of the large towns. The 53 deaths from diphtheria included 37 in London, 4 in Birmingham, 4 in Manchester and 2 in Liverpool. Four cases of small-pox were registered in London, 1 in Halifax, and 1 in Sheffield, but not one in any other of the thirty-three large towns; 11 cases of this disease were under treatment in the Metropolitan Asylum Hospitals and 4 in the Highgate Small-pox Hospital on Saturday last. The number of scarlet fever patients in the Metropolitan Asylum Hospitals and in the London Fever Hospital at the end of the week was 2671, against numbers increasing from 1226 to 2488 on the preceding seventeen Saturdays; 382 new cases were admitted during the week, against 301 and 323 in the previous two weeks. The deaths referred to diseases of the respiratory organs in London, which had declined from 185 to 168 in the preceding three weeks, further fell to 158 last week, and were 24 below the corrected average. The causes of 69, or 2·0 per cent., of the deaths in the thirty-three towns were not certified, either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Brighton, Nottingham, Oldham, Sunderland, Newcastle-upon-Tyne and in nine other smaller towns; the largest proportions of uncertified deaths were registered in Portsmouth, Bristol, Birmingham and Liverpool.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had declined from 19·3 to 17·2 per 1000 in the preceding four weeks, rose again to 18·4 during the week ending July 23rd, and was 0·7 per 1000 above the mean rate during the same period in the thirty-three large English towns. The rates in the eight Scotch towns ranged from 6·9 in Perth and 10·4 in Leith to 20·0 in Edinburgh and 21·8 in Dundee. The 512 deaths in these towns included 28 which were referred to measles, 13 to whooping-cough, 10 to diarrhœa, 5 to scarlet fever, 5 to diphtheria, 5 to "fever" and not one to small-pox. In all, 66 deaths resulted from these principal zymotic diseases, against 62 in each of the preceding two weeks. These 66 deaths were equal to an annual rate of 2·4 per 1000, which was 0·8 below the mean rate last week from the same diseases in the thirty-three large English towns. The fatal cases of measles, which had declined in the preceding four weeks from 35 to 13, rose again to 28 last week, of which 25 occurred in Glasgow. The deaths referred to whooping-cough, which had declined from 27 to 18 in the previous four weeks, further fell to 13 last week and included 6 in Glasgow and 4 in Edinburgh. The 10 fatal cases of diarrhœa showed a decline of 6 from the number in the preceding week and included 6 in Glasgow and 3 in Edinburgh. The deaths from diphtheria, which had been 3 and 7 in the previous two weeks, declined to 5 last week, of which 3 occurred in Glasgow. The 5 fatal cases of scarlet fever were within 1 of the number in the preceding week and included 2 in Glasgow and 2 in Edinburgh. The deaths referred to diseases of the respiratory organs in these towns, which had been 71 and 65 in the preceding two weeks, further declined last week to 59, and were 21 below the number in the corresponding week of last year. The causes of 69, or more than 13 per cent., of the deaths in the eight towns last week were not certified.

HEALTH OF DUBLIN.

The death-rate in Dublin, which had been 21·8 and 24·2 per 1000 in the preceding two weeks, declined again to 19·8 during the week ending July 23rd. During the first three weeks of the current quarter the death-rate in the city averaged 21·9 per 1000, against 18·4 in London and 16·4 in Edinburgh. The 133 deaths in Dublin during the week under notice showed a decline of 29 from the number in the preceding week, and included 7 which were referred to measles, 4 to diarrhœa, 2 to whooping-cough, and not one either to small-pox, scarlet fever, diphtheria, or "fever." In all, 13 deaths resulted from these principal zymotic diseases, equal to an annual rate of 1·9 per 1000, the zymotic death-rate during the same period being 4·4 in London and 2·4 in Edinburgh. The fatal cases of measles, which had declined in the preceding five weeks from 27 to 9, further fell to 7 last week. The 4 deaths referred to diarrhœa exceeded the number in any recent week. The fatal cases of whooping-cough, which had been 2 and 0 in the preceding two weeks, rose again to 2 last week. The 133 deaths registered in Dublin last week included 24 of infants under one year of age and 36 of persons aged upwards of sixty years; the deaths of infants showed a decline from those recorded in recent weeks; while those of elderly persons showed an increase. Three inquest cases and one death from violence were registered; and 36, or more than one-fourth, of the deaths occurred in public institutions. The causes of 17, or 13 per cent., of the deaths in the city last week were not certified.

THE SERVICES.

THE CHAIR OF PATHOLOGY AT NETLEY.

To the Editors of THE LANCET.

SIRS,—Not holding a medical commission in Her Majesty's Imperial or Indian Army I am privileged, with your permission, to draw attention to the passing over of the medical officers of the Services in the election of a Professor to the Chair of Pathology at Netley. It is to be borne in mind that the probationers who enter here are qualified and have already gone through a very sound course of ordinary pathology; now, as I understand, this chair was instituted especially with reference to the instruction in and elucidation of the pathology of those diseases incidental to armies and those living in tropical and sub-tropical regions. There are in the Army Medical and Indian Medical Departments gentlemen of very considerable renown, distinguished graduates and diplomates of their universities and colleges, men who have had greater experience of the pathology of the kind of diseases just indicated than any others on the face of the globe. What inducement is there, Sirs, for young men of professional distinction, with the potentiality of and desire for original research, to enter a service which entails long-continued residence in dangerous climates when posts such as these, to which they would be legitimately entitled to aspire in the lapse of years, are handed over to civilians? Taking all these circumstances into consideration and not wishing in any way to be personal, I think all those who view the matter impartially will admit that the present appointment is not only an anomaly *per se* but an injustice *de facto*, and will agree with me in saying: *Palmam qui meruit ferat.*

I am, Sirs, yours faithfully,

E. KENNETH CAMPBELL, M.B., F.R.C.S.

Lincoln's-inn-fields, July 25th, 1892.

THE LATE MR. THOMAS COOK.

The late Mr. Thomas Cook, to whose death we referred last week, was buried the other day at Leicester. He was the enterprising originator of the famous tourists' ticket system and his name was probably better known than that of any man of his time. It is not, however, in this connexion that we here allude to his loss, but the energy and good work which the firm of Cook and Son displayed in Egypt on behalf of the sick and wounded soldier deserve a word of grateful recognition from medical officers in particular. After the campaign of 1882 the firm placed a number of their Nile steamers at the disposal of the military authorities in Egypt. They were equipped and fitted out with everything necessary for the sick soldier in a remarkably short space of time and rendered most excellent service. Nor was this the only occasion on which Cook and Son rendered effective aid to the army in Egypt.

PRESIDENCY OF THE INDIA OFFICE MEDICAL BOARD.

Surgeon-General Sir Joseph Fayrer, K.C.S.I., M.D., F.R.S., retains his appointment at the India Office until January, 1895.

ARMY RECRUITING.

The number of recruits inspected during the year 1890 was 55,367. Of these, 22,005, equal to a ratio of 397·43 per 1000, were rejected as medically unfit for the service, the remainder, 602·57 per 1000, being found fit.

ALDERSHOT.

Anyone who has recently paid a visit to this camp must have been struck with the transformation that has taken place owing to the very extensive reconstruction that has been carried out. The principal medical officer states, according to the Army Medical Report for 1890, that the new brick huts are well constructed, with sufficient superficial and cubic space, and have an air of comfort and light about them, and the accessory buildings, such as wash- and cook-houses, latrines, &c., are well placed and in every way suitable. The new married quarters are very good and have ample accommodation. Surgeon Major-General Faught adds that a new hospital is required for the North Camp and a considerable increase to the Cambridge Hospital to provide for the future requirements of the garrison, and he alludes to a difficulty that has arisen regarding a proposed site for the new hospital in the North Camp, on account of its proximity to the sewage farm, which is still under consideration.

THE PHYSICAL EXAMINATION OF ARMY CANDIDATES.

As our readers may be probably aware, intending candidates for the Army about whose physical fitness there might be a doubt were frequently allowed to appear before a medical board as a kind of preliminary examination, with the view of obtaining the board's opinion or decision for the guidance of the candidate or his parents. It was obviously of material consequence to the candidate himself and those concerned about him that he should not needlessly waste his time and money in preparing for a career for which he was unfit on account of some physical cause or defect. This practice has, however, it is understood, been found to be attended with difficulties and the decision could not be regarded as final; consequently it has not been deemed expedient to continue the custom. The regulations as to the physical tests required of Army candidates should, it is considered, suffice for the guidance of candidates and medical men whom they may desire to consult on the matter.

MOVEMENTS OF THE MEDICAL STAFF.

Surgeon-Lieutenant-Colonel W. P. Bridges has succeeded Surgeon-Lieutenant-Colonel Beamish in medical charge at Weedon. Surgeon-Lieutenant-Colonel Macpherson has rejoined at Portsmouth. Surgeon-Major Gormley has taken over the medical charge of the Station Hospital at Limerick. Surgeon-Captain Hardy has proceeded on leave from Dover. Surgeon-Captain Burrows has joined in Dublin for duty. Surgeon-Captain Rowan has left York on leave. Surgeon-Captain J. Will has joined the Home district for temporary duty. Surgeon-Captains Beevor and Jackson have left London for duty at Aldershot. Surgeon-Captain Braddell has left York for duty at Strensall Camp. Surgeon-Captain Whiting has left South Africa for Home on leave of absence. Surgeon-Captain Perry has arrived in Ceylon for duty. Surgeon-Captain Thompson has re-embarked for India.

The criticisms which have appeared in certain quarters upon the appointment of Dr. A. E. Wright to the Chair of Pathology at Netley seem to ignore two essential points. The first is that the civilian element has been recognised as a distinct feature of the professorial staff ever since the establishment of the Army Medical School, and the second is that a teaching body must not only be composed of capable men, but of the very best that can be secured. It is surely no slur upon the Army Medical Staff, but emphatically the highest compliment which could be paid to it is that from its limited numbers three out of four professorships are supplied by men attaining to the highest standard of excellence. For the rest, Dr. Wright's qualifications as a pathologist and as a teacher would be with difficulty excelled.

ARMY MEDICAL STAFF.

The Queen has been pleased to give and grant unto Surgeon-Captain Richard Charles Kirby Laffan, Army Medical Staff, Her Majesty's Royal licence and authority that he may accept and wear the Insignia of the Order of the Osmanieh of the Third Class, which his Highness the Khedive of Egypt, authorised by his Imperial Majesty the Sultan, has been pleased to confer upon him in recognition of his services whilst actually and entirely employed beyond Her Majesty's dominions in the service of his Highness as Inspector of Hospitals to the Egyptian Sanitary Department.

NAVAL MEDICAL SERVICE.—In accordance with the provisions of Her Majesty's Order in Council of April 1st, 1881, Surgeon Nicholas Charles Ridley has been placed on the Retired List of his rank, with a gratuity (dated July 13th, 1892).

INDIAN MEDICAL SERVICE.

Surgeon-General Rice, Surgeon-General with the Government of India, goes on leave the first week in August.—Surgeon-Captain D. G. Marshall has been appointed to the officiating Medical Charge of the corps of Bengal Sappers and Miners, vice Surgeon-Lieutenant-Colonel J. Young.—Surgeon-Captain F. E. Murray, M.D., M.Ch., has been appointed to act as Civil Surgeon at Jacobabad, in addition to his own duties, to take effect from the 18th ult.—Surgeon-Captain R. Robertson has been appointed to act as Second Surgeon to the General Hospital, Madras, during the employment of Surgeon-Captain F. J. Crawford, M.D., on other duty.—Surgeon-General Pinkerton has been appointed an Additional Member of the Bombay Legislative Council for the remainder of the period for which Mr. Naylor, who has resigned, was appointed.

The Station Hospital for British troops in Alipur was struck by lightning on Tuesday, the 28th ult. The damage done was not very serious; one soldier patient, however, was hurt.

VOLUNTEER CORPS.—*Artillery:* 1st Argyll and Bute: Surgeon-Lieutenant J. Cunningham, M.B., to be Surgeon-Captain (dated July 23rd, 1892).—*Rifle:* 4th Volunteer Battalion (the Devonshire Regiment): Surgeon-Lieutenant J. R. Thomas, M.D., to be Surgeon-Major (dated July 23rd, 1892).—1st Surrey (South London): Surgeon-Lieutenant J. H. Edwards, M.D., resigns his commission (dated July 23rd, 1892); Walter Alexander Atkinson, M.B., to be Surgeon-Lieutenant (dated July 23rd, 1892).—2nd Volunteer Battalion, the Queen's Own (Royal West Kent Regiment): Thomas Nesbitt Wright, Gent., to be Surgeon-Lieutenant (dated July 23rd, 1892).

Correspondence.

"Audi alteram partem."

"ASPIRATION IN PNEUMOTHORAX."

To the Editors of THE LANCET.

SIRS,—I was too much occupied with our University Final Examinations last week to be able to supply the few words which seem to me still needful, not indeed to form a full reply to Dr. Sutherland and Dr. Guthrie, but to enter a *caveat* against what still seems to me a dangerous error in practice. "Aspiration in Pneumothorax" is advocated on several grounds, which I may perhaps be excused, even by these gentlemen, for calling hypothetical, and into which I will not now enter as it would require a rather lengthened argument, with possibly a doubtful conclusion. But anyone can see that aspiration, so performed as "to produce *such an exhaustion of air in the pleural cavity* as would allow of the re-expansion of the *sound* lung, with return of the mediastinum and heart towards their normal position," must inevitably, and that suddenly, change the direction of the mechanical forces acting on the *diseased* lung, in the sense that, while before the operation the pressure was from without or on the surface of this lung, during and after the operation the pressure is reversed, the air tending from within outwards and *towards* the exhausted pleural cavity with a force exactly proportioned to that employed in the aspiration. Now, what happens after a quite recent pneumothorax, as I have ascertained in numerous instances, is this: the perforated pleura becomes overspread by a veil of soft lymph, which, when it gets fair play—i.e., when it is not torn up again and ruptured anew at every inspiration,—tends to seal up the opening and may even do so permanently, and thus allow of the air being in whole or in part reabsorbed. But when the aspirator comes into play to the extent indicated by Dr. Sutherland the very same traction which he expects to exert on the sound lung and mediastinum is at the same time, and quite unavoidably, exerted in a far greater degree and more directly on the diseased lung as well. Air rushes

in force along the still pervious bronchi and towards the pleural surface of this lung, just as it would do if one placed the lung under water and blew in the air from the main bronchus. If the lung were sound the aspiration would expand it again; but what happens instead—what must happen under the conditions supposed—is that the perforation is opened up again and the kindly veil of lymph which nature was interposing is torn before it has had time to become organised and to seal up the opening. Apart from the theoretical questions raised by Dr. Sutherland, this seems plain enough; but I am not setting it forth as a theoretical risk, but as one which *I have known to occur*, not, indeed, in pneumothorax—for I have never aspirated in pneumothorax—but in pleuritic or empyematous effusions. I have known the aspiration of these *immediately* followed by pneumothorax, indicated by a succussion sound, which was not present before the operation. I therefore beg to repeat that in my opinion aspiration in pneumothorax is not a desirable or a safe practice, even in cases of urgency, and that if there is not pressure enough to cause the air to rush out spontaneously when a cannula is inserted fairly into the cavity there is no case for employing aspiration. If there is no urgency, it is better to leave well alone.

I am, Sirs, yours faithfully,

Glasgow, July 25th, 1892. W. T. GAIRDNER.

"A NATIONAL DANGER."

To the Editors of THE LANCET.

SIRS,—Referring to my paper under the above heading which you kindly published in your last Saturday's issue, and to your leading article regarding the same, the widespread interest in the subject was manifested by leading articles in important north-country dailies and by an almost complete recapitulation of your leader and the contents of my paper. Your able editorial article, however, scarcely seems to me to grasp the situation as it at present exists in the manufacturing centres of the north. In these districts water is used for two purposes—viz., domestic and manufacturing, and by "chalking" the water as you suggest the industries of the districts would suffer. Then, again, even if the water were hardened, as you suggest and as proposed by many chemists, would its dangerous properties in relation to lead be destroyed? Personally I think not.

I remember some years ago walking through a field where there were some cows, in which a distinguished teacher of chemistry from a northern university had a financial interest. Coming upon the water trough, which was very large and lined with sheet lead, it was found coated with a sooty looking precipitate, which easily rubbed off on to one's fingers and stuck like blacklead. I ventured to suggest the danger of this water both to the cows themselves and also to consumers of their milk, and was met with the rejoinder that "it did not matter, the 'blacklead' did not mix with the water and did no harm unless stirred up." He said he would not hesitate to supply water for domestic purposes from leaden cisterns, provided they were not agitated, and that water containing less than one-tenth of a grain of lead to the gallon need not be condemned as unfit for drinking purposes. I regard the foregoing as a fair example of a non-medical chemical opinion. In considering the action of water on lead I believe we have to approach the subject from both a chemical and physical aspect, and I am not prepared to say the latter is not as important as the former. At the present moment (July 26th) I have standing before me a specimen of water from a neighbouring district, where lead-poisoning was said to be rife. I am informed that this water is now hardened with chalk; whether this is a fact or not I cannot say, but it acts like many other so-called hard waters. First let me state the test to which this water was subjected. On July 11th, to about half a pint of water was added a polished roll of metallic lead. To-day, July 26th, the lustre has left the metal, and there is a glistening white deposit at the bottom of the glass, about half an inch deep, which under the microscope, with a ½ in. Swift's objective, looks very much like epithelium plates, but apparently has no crystalline characters. The supernatant water is perfectly clear. This is what I call the physical examination of the water, and the results observed are characteristic of nearly all soft and many hard waters. Whether the action causing the disintegration of the lead is purely chemical or simply mechanical, or perhaps both, I will leave to the chemist and expert in metals to decide, but that this action takes place no one can doubt who has studied the subject with simply his unaided eyes and the microscope. What the exact nature of the deposit is, except that it is lead, I do not know, but I get the following results by chemical analysis:—1. On sucking up a small quantity of the deposit with a pipette and adding distilled water I find a feathery looking material very readily held in suspension. It takes some time to settle and when a solution of potassium iodide or potassium bichromate is added no reaction takes place. The deposit is, however, immediately dissolved by hydrochloric acid, and the solution then gives a thick yellow characteristic precipitate with either of the foregoing reagents. 2. On testing the clear supernatant water I find this to contain barely a trace of lead; according to my colour standards about equal to $\frac{1}{17}$ of a grain of acetate of lead to the gallon.

From the foregoing observations I am driven to conclude, therefore, that there are two dangers in using leaden piping for the service of water: (1) With soft water the lead is taken actually strongly into solution and also exists in a state of minute suspension; (2) with hard water, while not taking as much lead into actual solution, its disintegrating action is quite equal to soft water and its power of holding lead in suspension is greater.

With regard to the action of water on leaden piping I have before me at this moment several specimens of lead piping removed from houses where poisoning existed. These show conclusively that lead is a non-resilient soft metal. Several of these specimens have been subjected to a considerable pressure, having been removed from districts where water is supplied at high pressure. They show irregular dilatations and internally are deeply ploughed, giving evidence of gradual dilatation, and as a result a never-ceasing alteration in the surface of the lining of the pipe for the water to act upon.

To summarise:—1. Is it not imprudent to spoil good water and endanger industry by adding chalk? 2. If the foregoing remarks be correct deductions from facts, should not lead be absolutely and for ever condemned as a means of conveyance for water? 3. Lead, except for its ductility, is the most unsatisfactory metal for water-supply—bursting under frost, dilating and splitting under pressure, and, more than all, poisoning the water. 4. Iron piping is capable of being used everywhere, only requiring rather more time and skill in laying it than lead. It is harmless to the water. I have had for years at my house iron-service pipes, which have been again and again frozen, and have never burst. 5. Considering the fearful amount of human suffering entailed by lead poisoning, would it not be wise, as I suggested in your valuable journal on January 25th, 1890, to erect iron stand-pipes in every street where houses are known to be supplied through long leaden pipes, to give the inhabitants an opportunity of at least pleasing themselves whether they were poisoned or not? 6. And lastly, for the future to prohibit the use *in toto* of lead piping for the service of water for drinking and dietetic purposes.—I am, Sirs, yours faithfully,

July 26th, 1892. ALFRED SWANN, M.D.

*** We may point out, with regard to Dr. Swann's valuable comments, that water is also used in London for both domestic and manufacturing purposes; yet, in spite of this, it is invariably hard, and cases of lead poisoning are of rare occurrence. When soft water is required for the purpose of manufacture—as for the making of steam—it is softened by preliminary treatment. The "chalking" process, after a fair trial, was reported upon favourably and regarded as satisfactory by the Sheffield corporation and also by authorities in other places where this remedy was adopted. Dr. Swann's experiments, however, are not in accordance with these practical results, for he reports that while hard water does not take as much lead into actual solution, yet its disintegrating action is quite equal to soft water and its power of holding lead in suspension is greater.—ED. L.

THE HUNTERIAN LECTURES.

To the Editors of THE LANCET.

SIRS,—In your last issue you published a letter from Mr. Roger Williams, hardly polite in its tone and bristling with inaccuracies. When appointed to be a Hunterian lecturer nearly a year before, I selected duct cancer as one o

my subjects, the pathology of which disease I have worked at for the past five years, publishing several cases in the Transactions of the Pathological Society. My conclusions have been drawn from such work and my lectures were illustrated by sections from the cases that had come under my notice. Except for a collection of other people's cases illustrated by reprints of their diagrams, published in THE LANCET of April last, I am unaware of any special work done by Mr. Roger Williams in connexion with this disease. The fact that, having published such a paper, he should now wish to pose as a pioneer in this branch of pathology is very astonishing. My ideas as to classification, which according to his letter I have had the "audacity to appropriate," are given in a paper of my own published some months before,[1] which communication is acknowledged by him. The justification of my statement that Mr. Roger Williams has grouped together cases of duct papilloma and villous cancer as growths of a perfectly innocent nature is easily proved from his paper. He says: "It will be gathered from the above description that these growths are of a perfectly innocent nature, though often multiple; they have no tendency to local infection, nor do they ever disseminate in the adjacent lymph glands" &c. Now among these cases he includes one of mine which, with some warmth, he maintained at the Pathological Society was not one of villous cancer, as I considered, but innocent in its nature.[2] Following up his opinion he acts on this and draws statistics from it. How correct he has been in his surmise may be seen, since this same case has recurred locally and infected the axillary lymph glands. Further comment on Mr. Williams' frivolous letter is unnecessary; the readers of THE LANCET may easily draw their own conclusions from a perusal of the two papers and from a consideration of the work done by each to try to elucidate this interesting question in breast pathology.

I am, Sirs, yours faithfully,

Lambeth Palace-rd., July 26th, 1892. H. BETHAM ROBINSON.

"CURES" FOR INEBRIETY.

To the Editors of THE LANCET.

SIRS,—It seems necessary to respect and maintain the professional rule against the use of secret remedies, but many of us do not see our way quite clearly as to the application of this rule. I have always refused to prescribe chlorodyne on the ground (1) that no necessity had been shown for using that nostrum; (2) that its popular use was enslaving and destructive. Here it seemed to me that the professional rule went in furtherance of the public good. But many eminent physicians have regularly prescribed this secret remedy. Are such men liable to be struck off the roll of the Royal College of Physicians? Despite urgent pressure from valued patients I refused to use Koch's tuberculin on the ground (1) that it was a secret remedy, (2) that to inoculate a patient's system with some derivative from tubercle was a proceeding of the gravest character. But, on Professor Lister making a visit of inspection at Berlin and reporting in your columns in favour of this secret remedy, I could no longer refuse to use it for patients who clamoured for it. Was I liable to be struck off the roll of the Members of the Royal College of Physicians for the use of that secret remedy? Recently I was asked by the Committee of the Church Army to watch and report upon some irreclaimable drunkards whom the committee had sent from their rescue department to a home at Putney established by the "Anglo-American Gold-Cure Company, Limited." I visited these men regularly at Putney and watched the performance with as much interest as when, chairman of the Committee on Spiritualism, I watched the performances of the spiritualist professors and others who came before that committee. At this Putney home I have seen, I think, twelve real gutter drunkards—some sent by the Church Army Rescue Department; some sent from the wood-chopping sheds of the Salvation Army Rescue Department; some sent by other benevolent rescue-workers in the slums of London. My rôle has been that of a passive and benevolent but observant spectator. I do not now propose to detail the cases because as yet (three months in all) time has not set its seal upon those results. But I should be dishonest or cowardly if I did not confess that I have been deeply impressed by the results of the treatment which I have watched upon these poor broken-down brothers and sisters.

The methods of treatment and the remedies used by the "Anglo-American Gold-Cure Company" are admittedly only a modification of those worked out by Dr. Keeley at Dwight. The physician who has worked out these modifications of Dr. Keeley's methods was formerly a helpless inebriate, who was taken by his wife (also a Doctor of Medicine) to Dwight, and who there was cured in three or four weeks. He has been in active, useful work ever since, and is now a very prosperous man. His inspiration, therefore, came from Dwight. On Dr. Keeley's recently visiting London I went into what evidence I could get as to his wonderful clinique of drunkards and morphia-men at Dwight, and I became convinced that "there must be something in it." I received a card from the Church of England Temperance Society for the meeting at the Westminster Town Hall and I went. Dr. Keeley was there. He kindly made my acquaintance as one of the physicians of the Temperance Hospital and I took him over that hospital. He then offered me unrestricted access to the Keeley home near the Marble Arch, and I have watched the results of his treatment and remedies upon the patients there. I have had the privilege of long conversations with Dr. Keeley and I am convinced that he knows more about the handling of drunkards and morphia-men than all the doctors I have ever met before. In fact, upon a subject which has for years worried and sickened me, I feel now that from Dr. Keeley I have obtained new germinal thought. I am convinced also that the results of Dr. Keeley's methods of treatment and remedies are altogether beyond anything that has hitherto been achieved by the profession in regard to the treatment of these narcomaniacs. In point of fact I last week recommended two lady patients who have scarcely been sober for years to go into Dr. Keeley's home. Will my now testifying to these convictions, and my confessing to these acts, make me liable to be struck off the roll of the College of Physicians?

I am, Sirs, your obedient servant,

Dover-street, W., July, 1892. JAMES EDMUNDS.

To the Editors of THE LANCET.

SIRS,—It is quite true that I reserve for the present the details of my treatment for the crave due to the use of alcohol and narcotic alkaloids, and I submit to any comments which you may think proper to make upon that fact. But in other respects you have been misinformed and I am obliged to ask you to publish my reply.

2. As to my remedies, Dr. Kerr, in his speech (THE LANCET, p. 107), said that my remedy "was very dangerous and was compounded of a number of poisonous intoxicants." Yet a few minutes later Dr. Kerr produced "a careful analysis" (anonymous) which proved that my remedy contained nothing more poisonous than 27·55 per cent. of alcohol. It is not necessary for me to waste time in comment upon such crazy assertions.

3. Dr. Kerr's Society passed a unanimous resolution condemning the use of my remedy for inebriates, *on the ground that it contained 27·55 per cent. of alcohol.* Could anyone have more completely stultified his Society? My remedy is taken in teaspoonful doses in a wineglassful of water for three weeks only, precisely as any bottle of drops prescribed by any physician in London is taken. But such London drops, instead of containing 27·55 per cent. of alcohol, contain always 57 per cent., and often a great deal more. In point of fact my remedy is a tincture containing just enough alcohol to prevent decomposition. As to Dr. Usher's speech, if he will let us understand exactly what he has to say by a letter in your columns I will answer him. The pink injection does not contain atropine. Dr. Usher is reported as having asserted that three leading physicians from the eastern states visited my institute at Dwight while he was there, and that "six weeks later all their friends received circulars intimating that these gentlemen had been remarkable successes in the cure way." This statement is a sample of others that have been made. It is false. I ought to add that Dr. Usher merely stayed over one train at Dwight, a period of three hours and a half. My chemist is Mr. John R. Oughton. He was in Chicago on that day and Dr. Usher could not have seen him. The young man whom I sent to the treatment hall with Dr. Usher was an Irish bottle-washer. Our pharmacy is a very large one, containing

[1] Transactions of the Pathological Society, vol. xlii., p. 22).
[2] Ibid., vol. xii., p. 221.

a scientific laboratory, and is as perfectly equipped as any chemical laboratory in the United States. Dr. Usher's object in seeing me personally was ostensibly to ascertain if he could buy of me the right to use my remedies in Australia and to open a Keeley Institute there.

4. I do not know what you, Sirs, would have said if I had sent you a letter asking you to come to my lecture at St. James's Hall, and then, in order to get an audience, I had advertised that the Editors of THE LANCET had been invited to speak at the meeting. You would have denounced this as an impudent advertising trick. But this is precisely what Dr. Kerr did with my name. I request Dr. Kerr not again to put my name into his advertisements without having first obtained my permission.

5. As to the deaths which Dr. Kerr parades, they are as inconsequential as his other statements. Without now discussing these particular cases, I have only to demur to his innuendo. The veriest tyro in vital statistics will tell him that half-a-dozen deaths among 70,000 drunkards is an infinitesimal mortality. During the last thirteen years 70,000 drunkards and opium users have (from all parts of the world) come under the care of myself and my assistants. Among that procession of drunkards there have been some 2000 physicians. Of all those patients no one has ever sustained an injury at my hands or as a consequence of my remedies.

6. You have criticised the proceedings of the gentlemen who propose to found institutes in the United Kingdom for the cure of inebriates by means of my remedies and my methods. I have nothing whatever to do with those proceedings. Those proceedings are the acts of Englishmen, and those Englishmen, as I understand, intend to send communications of their own to some of their critics in reference to business matters. What I have to do is to vindicate my own professional position and to answer the charges which have been made against me and against my methods of treating my patients. The only thing which I did was to vindicate an eminent physician in Chicago who was thoroughly conversant with my methods of treatment and with the therapeutical action of my remedies upon inebriates, and to express the opinion that they would act wisely to retain the services of that gentleman as their medical director in England.

I am, Sirs, yours truly,

LESLIE E. KEELEY, M.D., LL.D.

Hotel Victoria, Charing Cross, July 26th, 1892.

*** We have omitted the paragraph of our correspondent's letter numbered 1, as it contains language the strength of which would probably in this country be deemed to be of a libellous character. Dr. Keeley's letter in no way removes our objections, and the objections of the profession, to the employment of secret remedies.—ED. L.

DENTISTRY AND WORKHOUSE CHILDREN.

To the Editors of THE LANCET.

SIRS,—In your issue of July 16th you mentioned under the above heading how the Strand board of guardians had recently appointed a qualified professional dentist to attend the children at their schools at Edmonton, and that the chairman remarked that this was the first appointment of the kind made by any metropolitan or provincial board of guardians, and took credit to the Strand board of guardians for initiating such a necessary and beneficial advance. May I be permitted to say that more than six years ago—viz., April 29th, 1886—the St. Pancras board of guardians on my recommendation appointed a professional qualified dentist practising in London to attend the children in their schools here, which he has continued to do ever since? When pressing this matter on the attention of the board I mentioned how a similar appointment had been made at the North Surrey district schools at Anerley and at the Lambeth schools with the approval of the Local Government Board.

I am, Sirs, yours truly,

J. ADAMS CLARKE, Medical Officer.

St. Pancras Schools, Leavesden, King's Langley, July 25th, 1892.

*** Mr. J. Bond, clerk to the Westminster guardians, also writes, saying "the guardians of the Westminster Union appointed a dentist to their school in the year 1886."—ED. L.

THE CHOLERA IN PARIS.

(FROM OUR SPECIAL CORRESPONDENT.)

LAST week I described the conflict of authority existing between the Prefect of Police and the Prefect of the Seine; and how the former authority, taking the bull by the horns, had constituted a Permanent Committee of Hygiene with a staff of medical inspectors. The object of this committee was to centralise the sanitary services with respect especially to disinfection and the removal of patients suffering from contagious diseases to the hospitals. So far so good; but the matter did not rest here. Formerly the public works for the town of Paris were all managed by M. Alphaud. Now that this great administrator is dead the necessity has arisen to divide the various services which he managed and put experts at the head of each department. M. Sauton has submitted to the Municipal Council a project of reorganisation which was discussed on July 21st. Without entering into the detail of the project and the debate I may say that what affects the present epidemic is the fact that the Article No. 2, as amended, was adopted. The following is the text of this Article:—

"Art. II. The Prefect (of the Seine) is invited to constitute, at the Direction of Municipal Affairs, whose action shall be purely administrative, a central service of hygiene and salubrity of dwelling houses, which shall be attached to the services, whether administrative or technical, that relate to the hygiene of the dwellings forming part of the ancient Direction of Works. For this purpose the Director of Municipal Affairs shall be assisted by a General Inspector and a Commission composed of hygienists. The composition of this committee shall be ultimately decided according to the advice of the Municipal Council."

The decree of the Prefect of Police forming a permanent committee of hygiene was issued on July 12th. On July 21st the Municipal Council decided that the Prefect of the Seine shall also have a committee of hygiene and a staff of inspectors &c. Of course some difference must be made between these two committees, and the difference rests on this fact, that the committee under the Prefecture of the Seine will only attend to the interior of houses, and therefore it is called a Central Service of Hygiene and Salubrity for Habitations. No sooner was this matter settled than an Inspector-General of Hygiene and Salubrity of Dwelling Houses was appointed, and Dr. A. J. Martin has been selected to fulfil this office. Certainly it would be difficult to make a better choice. No one has a wider practical experience of hygiene. In England Dr. A. J. Martin is a familiar figure. He was the Commissioner of the French Government for the French Section of the Health Exhibition held at South Kensington and was prominent at the recent International Congress of Hygiene which met in London.

At first sight it would appear as if the appointment of two committees, one under each of the rival Prefectures, would only add to the confusion actually prevailing. There is, nevertheless, every reason to hope that this will not be the case. The other day I had a good illustration of the manner in which the arrangement will work. There may be antagonism between the two Prefectures; there is no antagonism between the well-known and prominent medical men and sanitary reformers who are battling for the cause of hygiene in France. Thus, when I went to congratulate Dr. A. J. Martin on his appointment, I found he was expecting a visit from Dr. Dujardin-Beaumetz. Now Dr. Dujardin-Beaumetz is a member of the Council of Hygiene attached to the Prefecture of Police. When something had to be done in conjunction with the Prefecture of the Seine, a clerk of the Prefecture of Police was told off to communicate the fact to a clerk of the Prefecture of the Seine. These clerks, it must be borne in mind, lead a most tedious, monotonous life. For want of something better to occupy their minds they develop a sort of patriotism in favour of their particular office or branch of the administration. This engenders extraordinary susceptibilities; and just as courtiers used to quarrel as to who should walk first in a royal procession, so the clerks of the Prefecture of Police quarrelled with the clerks of the Prefecture of the Seine as to who should fulfil certain functions. Such squabbles relieve the monotony of the bureaucratic life; but, as I mentioned last week, they have been so acute that it is supposed a life may have been lost because it was below the dignity of one adminis-

tration to ask for an ambulance waggon from the other administration. Now, what do we see? Simply this, that instead of giving directions to clerks to write letters, dealing often with technical matters of sanitation which they do not understand, Dr. Dujardin-Beaumetz calls on Dr. A. J. Martin to settle amicably—for they are the best of friends and thoroughly understand each other—what would probably have occasioned the outbreak of a fearful paper warfare between the clerks of the Prefecture of Police and the clerks of the Prefecture of the Seine. The fact that the two administrations are now represented by medical men and hygienists who are friends will do more than any amount of legislation to make matters work smoothly and efficaciously.

On inquiring from Dr. A. J. Martin what would be the nature of his new functions, he naturally expressed some ignorance as to an office which had only been created on the previous afternoon. He will have to deal with domestic sanitation, and this is much more neglected in France than public hygiene. Dr. Martin's ambition would be, in the course of time, to establish the sanitary record of every house in Paris. This has already been partially done, and done admirably, by M. Louis Masson, chief sanitary inspector of Paris. But M. Masson derives his authority from the Direction of Sewers, and only dealt with drainage. If any person is about to purchase a house or take a long lease of a house in Paris, I should advise him to go to the office, 6, Avenue Victoria, and ask to see the inspector's report on the house in question. The method of tabulating is so perfect that there will be no difficulty in finding this record, and the intending tenant or purchaser will know, from a disinterested public office, how the house he proposes to take is drained. But it has not been M. Masson's business to record how the house is built, whether the walls are damp or of the proper thickness, whether the rooms are well ventilated, or whether there are any unwholesome trades carried on in the dwellings. It is not one phase, but every phase, of the sanitation of dwellings which Dr. Martin has to watch. He will also have to see to the creation of a staff of competent inspectors to help in the work.

For the present the chief business is to secure the prompt and efficacious disinfection of all premises where cases of cholera occur. On Friday, the 22nd inst., the very day on which the new committee was created, seven premises within Paris had to be disinfected in consequence of cholera, and the mortality still continues to be very high. I have already described how the Prefecture of Police has a staff of disinfectors and the Prefecture of the Seine the disinfecting stoves. Now the Prefecture of the Seine has also created a staff of disinfectors, so that the entire operation can be done by the one authority. Better than this, the Prefecture of the Seine insists on doing the whole of the work, even though the agents of the Prefecture of Police have previously done half the work. Thus, for instance, a case of cholera occurs. The friends of the patient send to the Prefecture of Police and ask to have the premises disinfected. Disinfectors organised by the Prefect of Police come and disinfect he room. It is then thought necesary to send the bedding to be disinfected in the stove. For this an application must be made to the Prefecture of the Seine, which authority at once despatches a cart and a staff of disinfectors. Before removing the bedding they disinfect the room. They are told that the agents of the Prefecture of Police have already disinfected the room; but the agents of the Prefecture of the Seine reply that that does not concern them; they will not be responsible for what others do, and they have formal orders not to remove anything from a room without having themselves first disinfected it. Thus the work is done a second time. I think Dr. Dujardin-Beaumetz and Dr. Martin, when they have a friendly chat over the matter, will contrive something more pract cal than this.

Paris, July 25th.

MANCHESTER.

(FROM OUR OWN CORRESPONDENT.)

Owens College.

IT is announced that Mr. W. H. Perkin, Jun., F.R.S., hitherto of the Heriot-Watt College, Edinburgh, has been appointed successor to the late Professor Schorlemmer in the chair of Organic Chemistry at Owens College.

The Infirmary and Owens College.

The struggle between these two institutions has entered on a further stage. Last week the board of management of the Royal Infirmary met a committee of the memorialists, i.e., the signatories to the memorial deprecating any extension of building on the present infirmary site for these reasons—viz., that the open ground now existing should be preserved for the general good of the town; that the infirmary area taken as a whole would only be large enough to give room for about 450 beds, a number probably considerably below that which will be needed in the near future to supply the requirements of Manchester; that a site in every way suitable for the building of a hospital, which shall be capable of being enlarged as occasion arises, has been offered in the shape of the Whitworth estate; and, lastly, that any addition to the present building would only tend to prolong the existence of an obsolete hospital structure. The majority of the memorialists, however, propose that for the present a hospital of only 120 beds be erected on the Whitworth estate, and that the present infirmary shall continue as before. The ultimate intention appears to be to enlarge the new hospital, the old one remaining as a receiving house for urgent cases of accident or illness arising in the centre of the town or brought there by railway. Teaching would then be carried on chiefly at the new hospital, for which Owens College would appoint professors of clinical medicine and surgery with hospital beds. The present infirmary board had prepared plans for additions to the present hospital amounting to 120 beds. The aforesaid meeting had no satisfactory result, each side standing its own ground, though it should be mentioned that the infirmary was, and has for some time past been, prepared, in the event of the present building being added to, to offer beds to professors of clinical medicine and surgery of the College's appointing, on condition that these gentlemen would conform to the rules at present laid down for members of the infirmary honorary staff. To-day a general meeting of the trustees took place, at which the proposals of the Infirmary Board were defeated by a close, though not a very large, majority, an amendment, practically negativing the infirmary extension proposal, being carried. The Infirmary Board have demanded a poll of the trustees on the question and the result will be looked for with the greatest interest. There can be no doubt that upon this final decision of the trustees by poll depends the future of the infirmary as a teaching hospital.

Insanitary Dwellings.

A curious prosecution took place on the 22nd inst., when about forty poor people were summoned at the city police-court for refusing to leave dwellings which had been condemned as being too unhealthy for human habitation. Notice to quit had in all cases been given long ago and it was proved that some of the tenants, after having left, had returned and others had been supplanted by new-comers. The corporation are making the greatest efforts to abolish all unhealthy dwellings and their task seems to be a difficult one, not only from the objections of landlords but from those of tenants of this class. Small fines were imposed in the majority of cases and the tenants promised to leave for good.

Manchester, July 27th.

NORTHERN COUNTIES NOTES.

(FROM OUR OWN CORRESPONDENT.)

The Will of the late Dr. G. Y. Heath of Newcastle: Munificent Bequests.

THE will of the late Dr. G. Y. Heath, concerning which there has been so much speculation, has been at last proved. It will be seen that I have been correct in the main as to Dr. Heath's charitable and scientific bequests. Dr. Heath left personalty of the gross value of £89,641 5*s.* 5*d.*, net value £88,401. He bequeathed to his three executors £1000 each, to one of whom, being his nephew, he left a further sum of £8000; to Miss Lily Everett, £2000; to his brother, Mr. Robert Heath of Heppersley, Cheshire, £5000; to his niece, Mrs. Rose of New Zealand, £1000; to his cousin, Miss Sothern, £1000; to Mrs. Francis Casson, £1000; to Miss Mary Jane Spenceley, £10,000 and his plate, pictures, furniture and household effects; to the Royal Infirmary in Newcastle-on-Tyne, £5000 (afterwards altered to £8000), towards building, completing, or furnishing a new infirmary;

and to the Northern Counties Home for Nurses £5000 (afterwards altered to £2000). He bequeathed to the Durham University College of Medicine, Newcastle, £5000 to found a chair or professorship of Comparative Pathology; to the Durham University College of Medicine at Newcastle £10,000, to provide residences for students; to the Kepier Grammar School at Houghton-le-Spring £5000, for scholarships for students of medicine at Durham University College at Newcastle-on-Tyne; £4000 in trust to Mr. Page and Dr. Arnison, to found a scholarship in the Newcastle College of Medicine, the income to be paid for two years to the author of the best essay on some surgical subject. He bequeathed to his pupil, Mr. Douglas, £100, and the executors are to expend £100 a year in completing his education. The testator left all the residue of his property in trust for Miss Mary Jane Spenceley. By an order of Court the bequests to the Infirmary and the Northern Counties Nurses' Home are to stand at £5000 each, as they appeared in the will before the alterations. It will be seen that the charitable and scientific bequests to Newcastle and district amount to £34,000.

Stockton and Middlesbrough.

At a late meeting of the Middlesbrough Fever Hospital Committee it was reported that the number of small-pox cases being treated at the hospital was nine, and at a meeting of the Tees sanitary authority it was stated that 141 vessels had been inspected during the month; all were in good order and free from infectious disease. The notices to captains mentioned in a former letter had been printed in various languages warning them not to send any sick ashore until they had been seen and sanction had been given by a medical man.—At a meeting of the Stockton and Middlesbrough Water Board, held last week, it was reported that the Hury reservoir contained water to a depth of 75ft. 6in., or within 14ft. of full depth. It could have been fully filled but for some finishing work which had to be done to the dams. The tender for an aqueduct across the Tees had been accepted. —The annual demonstration of the Stockton friendly and trades societies has been held on behalf of the town's hospital and has been very successful as regards numbers and the amount collected. The mayor, in an energetic speech, said that during the year two-thirds of the income of the institution had come from the pockets of the working classes, and very properly too, since it had been established, kept up and looked after chiefly on behalf of and by the working classes.—Another paraffin lamp fatality has taken place at Middlesbrough, where a child one year and ten months old was so badly injured by the breaking of a lamp that it died four hours and a half after admission to the hospital.—The South Shields guardians have decided to ask the sanction of the Local Government Board to the appointment of an assistant medical officer at a salary of thirty guineas per annum.

Carlisle.

A curious case was raised at Carlisle the other day as to the Inspector of Nuisances. It was shown that if the inspector always used a uniform he might convey about with him the germs of disease. After much discussion it was arranged that the inspector should wear what might be called a "dress suit" on certain occasions, but that when dealing with infectious cases he could use an old suit to be kept for this purpose.

Death from an Illegal Operation at Kirkby Stephen.

An adjourned inquest was held on Friday last at Kirkby Stephen on the body of a female domestic servant who died on the previous Monday under circumstances which were at first supposed to point to poisoning. The jury, however, found that death had resulted from wounds caused by some instrument, but by whom inflicted there was no evidence to show. We shall probably hear of this case again.

The Weardale Guardians and their Medical Officer.

At a late meeting of the Weardale guardians they discussed the application of Mr. Bourne for a pension after a service of forty-four years. It was asked to rescind the motion of censure passed upon him for absence from duty one day whilst acting at a poll booth. He claimed it on the ground of the day being one of the four days' holiday he was allowed, but the motion to rescind this unpleasant censure was not carried. The guardians, however, in all fairness, should remember that their surgeon had served them forty-four years before the elections.

At the last meeting of the North of England Branch of the British Medical Association Mr. Blandford was appointed president-elect, and it was decided that the annual meeting should take place at Stockton.

Newcastle-on-Tyne, July 27th.

SCOTLAND.

(FROM OUR OWN CORRESPONDENT.)

The Health of Aberdeen: Town and County.

THE return for last week for the town was: measles 29, scarlet fever 9, diphtheria 1, typhoid fever 1, typhus fever 1, whooping cough 8, erysipelas 3—total cases 52, being a decrease of 11 as compared with the previous week. For the county: scarlet fever 4, erysipelas 1—total cases 5.

Public Health Prosecutions.

Two householders in Torry, the fishing quarter of Aberdeen, were convicted last week of having wilfully concealed from the medical officer of health and the sanitary staff the presence of cases of measles in their houses and were fined 5*s.* each with costs. These cases were brought prominently before the public as a warning, owing to the rapid spread of measles in the locality and the successful attempts of the people to frustrate the efforts of the sanitary staff to eradicate the disease.

Slander Case against a Medical Man.

In the Scotch Court of Session, before the Lord President, an action brought by Dr. John Barclay, Banff, for slander was heard and decided last week. The defender was Mr. Robert Duncan, merchant, Banff, factor of the Chalmers Hospital, Banff. The statement complained of was that pursuer had taken liberties with nurses in Chalmer's Hospital, Banff, of which he was at the time of the scandal a medical officer. The evidence went to show that Mr. Duncan had been the means of spreading the report complained of. The defendant, while admitting that the charge against Dr. Barclay was utterly groundless, maintained that the report had not originated with him. After evidence had been led, the Lord President charged the jury, asking them to dismiss from their minds all doubts as to the innocence of the pursuer, for all were agreed that the pursuer was absolutely innocent and blameless. What they had to decide was whether or not the defendant had issued the slander. The jury returned a unanimous verdict for the pursuer, and assessed the damages at £200.

IRELAND.

(FROM OUR OWN CORRESPONDENTS.)

Health of Dublin.

DURING the five weeks ending July 2nd the deaths from the seven principal zymotic diseases were in the ratio of 4·16 per 1000. These included 117 from measles, 15 from whooping-cough and 3 from typhoid fever. During the month the admissions of measles patients into hospitals declined considerably, while those of typhoid fever cases increased largely. The death-rate was very high, higher than in any corresponding period during the previous ten years. The present epidemic of measles has caused up to June 30th no less than 390 deaths.

Poor-Law Medical Officers' Association.

At a meeting of County Cavan Poor-Law Medical Officers' Association, held recently, the following resolutions were adopted unanimously: "That Dr. Ryan of Bailieborough be requested by this Association to approach the future M.P.'s for the county, Messrs. Young and Knox, with a view of obtaining their Parliamentary influence on behalf of Poor-law medical officers of Ireland." "That in the opinion of this Association the Poor-law medical officers of Ireland are entitled to at least one month's annual holiday, irrespective of sick leave, their substitutes to be paid at the public expense; and that in the opinion of this Association Poor-law medical officers' salaries should be progressive, as in all other official and semi-official departments."

British Institute of Public Health.

The annual meeting will take place this year in Dublin on Aug. 17th and two following days, under the presidency of Sir Charles Cameron, medical officer of health for Dublin

The Vice-Presidents include the Lord Mayor of Dublin, the provincial mayors, the Presidents of the Colleges of Physicians and Surgeons, Sir. J. Banks, K.C.B., Sir George Porter, Bart.; Dr. Kidd, President Royal Academy of Medicine &c. The inaugural address will be delivered by the President at the Royal College of Surgeons on Wednesday morning, Aug. 17th, and the same evening the members will be entertained at dinner at the Lucan Hydropathic Hotel. The following day the annual dinner will take place at the Royal Marine Hotel, Kingstown, while on the third day of the meeting the Chairman of the Dublin Waterworks Committee (Sir Henry Cochrane) will entertain the members of the institute at the Vartry Works at Roundwood. Among the papers to be read at the Congress will be one entitled "The Etiology of Typhoid Fever," which must prove of considerable interest to the citizens of Dublin, while a special discussion will take place on the Notification of Infectious Diseases. The honorary secretary to the meeting is Mr. Edgar Flinn, F.R.C.S.I., of Kingstown.

Health of Soldiers in Ireland.

The report of the Army Medical Department for 1890 has been issued to the public, but the unnecessary delay in its publication minimises considerably its value. The average strength in 1890 in Ireland was 24,857, of whom 18,607 were admitted to hospital, 377 were invalided, 1022 were constantly sick and 127 died.

Belfast Hospital for Diseases of the Skin.

From the report read at the annual meeting of the friends of this charity, held on July 19th, I learn that 1166 patients were treated during the past year, of whom thirty-two were received into the hospital. If the funds were larger more intern cases could be treated, but there has been a decrease in the subscriptions during the year and no new ones are coming in. The income for the year is £308 16*s.* 10*d.*, and the expenditure £362 8*s.* 3*d.* Attention was drawn by some of the speakers to the fact that one-third of the patients came from the country, and a suggestion was thrown out that local secretaries might be appointed throughout Ulster and that if a ladies' committee were formed more interest in the institution would be taken by the general public.

The Lord Chancellor has appointed Mr. Richard Browne Carey, L.R.C.P.I. &c., of Borris, County Carlow, to the Commission of the Peace for County Carlow.

Dublin, July 27th.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

The Cholera Epidemic.

THE outbreak in the suburbs of Paris of cholera, or, to adopt the official nomenclature, "choleraic diarrhœa," is reported to be declining in intensity. Such is the report furnished on Monday last by the Commission of Inquiry appointed by the Comité Consultatif d'Hygiène Publique—a commission composed of Professor Proust, MM. Netter, Ogier and Thoinot. These gentlemen assert that the army and the city of Paris (!) remain free from the disease. I have already informed your readers that the examination by M. Netter of the excreta of patients who had succumbed to the disease in several Paris hospitals had revealed the presence of Koch's comma bacillus. M. Netter now (Société Médicale des Hôpitaux, 15th inst.) sums up the results of the bacteriological inquiries he has made on this subject. After recalling the fact that the discovery of the bacillus was first made by M. Léon, Professor Peter's chef de clinique, who found the cholera micro-organism in the intestinal contents of the body of a fireman of Grenelle who died in less than twelve hours after the onset of his illness, M. Netter stated that his own researches extended to forty-nine cases, in twenty-nine of which the *bacille virgule*, or comma bacillus, was discovered, that germ being absent in the twenty others. In seventeen of the twenty-nine cases the bacillus was found in the stools passed during life or in portions of mucus collected from the clothing, bedding or the margins of the anus. In three cases the intestinal contents were examined after death, while in the remaining nine cases both methods of examination were had recourse to. Not once was the bacillus found in the blood, but in one instance its presence was discovered in a patch of bronchopneumonia, associated, however, with the streptococcus pyogenes. Although the suburban comma bacillus of 1892 exhibits certain differences of behaviour in culture experiments from the specimens preserved since 1883 (Calcutta) and 1884 (Toulon and Paris), these differences disappeared when the comparison was made between it and a specimen collected this year at Cochin-China. In the twenty cases characterised by the absence of the cholera bacillus, the bacterium coli was constantly present. Of these twenty patients, all treated in Paris, ten contracted the malady in the suburbs and ten within the walls of Paris. The symptoms were those of true cholera—diarrhœa, with often rice-water stools, vomiting, cramps, subnormal temperature, oliguria or even total anuria, feebleness of voice &c. Six of these patients died. These negative bacteriological results are only a repetition of what was experienced in 1888, 1889, 1890 and 1891. M. Netter states categorically that cases purely Parisian can be distinguished from suburban cases by bacteriological examination, the micro-organism present in the first class of cases being the bacterium coli, and in the other the true cholera bacillus. He further clearly states that, putting aside actual contagion, Seine water is the mode of conveyance of the germs in the infected suburbs, all of which are situated down stream—i.e., below Paris. M. Chantemesse confirms the assertions of M. Netter. Professor Dieulafoy informs us that between May 25th and June 2nd he has had four cases to treat at the Hôpital Necker. Since the latter date all cases have been isolated and placed under Professor Peter's care. Of the four cases two were of a light type and recovered in a few days. In their stools only the bacterium coli commune was discovered. The other two cases were much more serious. In one instance a man of twenty-seven years, living in the fourth arrondissement, which was then under the *eau-de-Seine régime*, was seized on May 26th with all the characteristic symptoms of cholera. On May 30th he was well again. The other patient was a woman aged forty-nine years, an inhabitant of Billancourt. She died in fifty hours. The stools of both these patients contained the true cholera bacillus. I am of opinion that the discovery of the comma bacillus in the stools of Professor Dieulafoy's fourth arrondissement patient effectually refutes M. Netter's contention that *l'épidémie cholériforme* is peculiar to Paris, whilst true cholera is strictly limited to the suburbs.

The Dangers of Ice.

Immense quantities of ice are, it is needless to say, consumed during the summer months in this city of cafés. The question of its purity has often been raised, most people, however, swallowing it in perfect faith. That some portion at least of the ice supplied is not above suspicion from a sanitary point of view is proved by the recent action of the Conseil d'Hygiène de la Seine in forbidding the extraction of that product from an ice pond situated close to the river Seine. Another resolution passed unanimously by the Council was that a service of superintendence, with if necessary an analytical branch, be instituted with a view of controlling the quality of ice sold in Paris. It was also decided to request the Prefect of Police to keep a vigilant eye on the manufacturers of artificial table waters, as also *carafes frappées* (decanters containing a lump of ice), and to inquire as to the origin and quality of the water employed in the fabrication of these articles.

M. Pasteur's Health.

All the scientific world will rejoice to hear that this veteran *savant* was present at last Monday's meeting of the Académie des Sciences, of which body he is such a distinguished ornament. He appeared in excellent health and stated that the numerous deadly diseases from which he is supposed to have suffered have existed only in the fertile imaginations of enterprising journalists. Whilst being loud in his praise of Garches, where his château is situated, he could not refrain from regretting his temporary absence from his beloved laboratory.

Paris, July 27th.

BERLIN.

(FROM OUR OWN CORRESPONDENT.)

The Cholera.

THE authorities in the eastern provinces of Prussia are earnestly providing for the eventuality of cholera. A Königsberg paper stated the other day that Professor Koch had arrived there on the 19th inst., and at once proceeded *vid*

Eydtkuhnen to the cholera districts in Russia, taking several chests full of disinfectants with him. This news, however, was incorrect. The following letter from a medical man to the *Vassische Zeitung* (which I abridge) may perhaps interest your readers at this time: "The measures for the prevention of cholera consist in general hygienic precautions, the provision of hospital accommodation and medical help, and the earliest possible recognition and isolation of the disease. The germs of cholera are transferred in the main by the evacuations of the bowels of cholera patients. The certain diagnosis of cholera depends on the finding of cholera bacilli in the evacuations and their cultivation in nutritive solutions. It is therefore of paramount importance that when cholera breaks out there should be a medical man on the spot familiar with bacteriological methods. To a certain degree the Medical Administration has provided for this. After Professor Koch's return from his journey to Egypt and India, during which he discovered the germ of cholera, courses of instruction were instituted in the Imperial Office of Health in Berlin, in which medical officials from the frontier districts were taught the bacteriological methods of recognising cholera. Other medical officials have since had occasion to acquire the necessary knowledge of these matters. It is also not to be forgotten that, now that bacteriology has acquired special importance, and that hygienic institutes have been established in most of the universities, the knowledge of bacteriological methods has spread widely among practitioners. At the same time, however, there is no doubt that, in the event of an outbreak of cholera in Germany, all these bacteriological experts will not suffice for the necessary investigations, especially as the treatment of their patients will leave them no time. It is therefore desirable that the Medical Administration should inquire among the younger medical men whether they are willing in such an event to go to the frontier districts to help. Should, as is likely, the number of volunteers prove inadequate, courses of instruction in the investigation of cholera evacuations must at once be arranged."

The Report of the Berlin International Medical Congress.

Immediately after the close of the Tenth International Medical Congress, which met in Berlin in August, 1892, the preparation of the official report began, and it is now at last complete in five stately volumes, published by Hirschwald of Berlin, to which a general index in three languages is added. The first volume contains a history of the Congress, including the discourses of Bouchard, Axel, Key, Lister, Koch, Cantani, Wood, Meynert, Stokvis, and Virchow; the second, the discussions in the sections of anatomy, physiology, physiological chemistry, pathology, pathological anatomy, pharmacology, internal medicine and the diseases of children; the third, those in the sections of surgery, orthopædics and gynæcology; the fourth, those in the sections of neurology and mental disease; and the fifth, those in the sections of dentistry, hygiene, railway hygiene, medical geography and climatology, medical jurisprudence and military hygiene.

Miscellaneous Items.

Dr. du Mesnil de Rochemont, private lecturer in the University of Würzburg, has been appointed Head of the Medical Department of the City Hospital in Altona.

Dr. Georg Hoppe-Seyler, private lecturer on Internal Medicine in the University of Kiel, has been appointed Professor there.

The honorary title of Professor has been conferred on Dr. Moritz Schmidt of Frankfort-on-the-Main, one of the oldest and most eminent of the German laryngologists.

Dr. von Bayer, Professor of Chemistry, has been elected Rector of the University of Munich for 1892-93.

Berlin, July 26th.

Obituary.

FREDERICK LE GROS CLARK, F.R.C.S., F.R.S.

A WELL-KNOWN and striking figure has just passed away from us in Mr. Frederick Le Gros Clark, a former President of the Royal College of Surgeons, and Surgeon to St. Thomas's Hospital. Mr. Clark was born in Mincing-lane in 1811, and was educated in Iron Acton, in Gloucestershire. At the age of sixteen he commenced his professional studies as an articled pupil under Mr. Travers, then senior surgeon to St. Thomas's Hospital; and three years later, at the close of his school curriculum, he obtained the Cheselden medal for proficiency in Surgery and Surgical Anatomy. After spending a session in Dublin he became an assistant demonstrator in the University there, and subsequently enlarged his sphere of experience in Paris, Berlin, Gottingen, and Edinburgh. In 1839 he was appointed assistant surgeon to his Alma Mater, in which post and as lecturer on Descriptive and Surgical Anatomy he remained until the death of Mr. Tyrrell in 1853, when he was promoted to fill the vacant place on the surgical staff. He next succeeded Mr. John Flint South in the chair of Surgery, and continued to lecture until, after thirty years of office, he terminated his active connexion with the hospital in 1873, retiring with the honorary title of consulting surgeon. His relation to the College of Surgeons was no less distinguished. He became a Member of the Council in 1864, and as Hunterian Professor of Surgery and Pathology delivered a course on "Surgical Diagnosis, especially in reference to Visceral Lesions," in the summers of 1867 and 1868. In 1872 he was elected a Vice-President, and in 1874 was chosen for the crowning office of President, delivering the Hunterian Oration from the presidential chair in the following year. He held in addition several important surgical appointments, and was also a prominent member of the Salters' Company, in which he twice filled the office of Master. As an author he was well known by his "Anatomy and Physiology of the Nervous System," published as early as 1836; his translation of Dupuytren's "Diseases and Injuries of the Bones"; his "Outlines of Surgery," which passed through a second edition in the hands of Mr. Wagstaffe in 1870; his Hunterian Lectures; and by numerous other works, all marked by wide research and a clear and polished diction. After his retirement from practice he built for himself a charming retreat at Sevenoaks, where he spent the rest of his days. He retained his activity and displayed a lively interest in the advance of his profession almost to the last. His strength began to fail about eighteen months ago, but he continued to enjoy the society of his friends and to make occasional journeys to town until the middle of June, when he was forced to take to his bed. He died on July 19th, and was buried at Riverhead on the 23rd amidst innumerable demonstrations of respect from his private friends and the public bodies with which he had been associated.

Mr. Clark was a splendid representative of the educated surgeons of the older school. A man of great general culture, versed in all the professional lore that the home and Continental schools of his time could teach, and amongst surgeons an accomplished operator in the days when the operator required faculties that modern science has rendered unessential. His personality was peculiarly attractive. All who knew him can easily recall the tall, strong, upright figure that retained its symmetry to the end, the clearly cut aristocratic features that only grew more handsome with the advance of years, and the dignified courtesy of manner that so perfectly harmonised with the stately physique; but it was not given to all to know the simplicity and gentle kindliness of nature masked by the rather stern lines that early sorrow had graven on his face. His friends and patients always learned to love and trust him; and there are yet living many of his old pupils who have reason to cherish a grateful and affectionate recollection of the warm sympathy with which he continued to watch and aid their progress. He was a bold and successful surgeon of the school of Travers and Astley Cooper and a true gentleman after the bygone type that fiction has preserved for us in Sir Roger de Coverley and Colonel Newcome.

J. HARRINGTON DOUTY, M.R.C.S., L.S.A.

WE regret to have to record the death of Mr. J. Harrington Douty, medical superintendent of the Berks County Asylum. Mr. Douty was in his usual health until July 5th, when he was suddenly taken ill, and died on July 12th. He was born in 1858 and received his medical education at the Middlesex Hospital, where he distinguished himself by obtaining the Senior Entrance and the Senior Broderip Scholarships. He qualified in 1881, after which he held the post of house physician at the Middlesex Hospital for one year. In 1882 he was appointed assistant medical officer to the Worcester County and City Asylum at Powick and in 1887 medical superintendent to the Berks County Asylum at Moulsford. The zeal and devotion which characterised the whole of his

work in these appointments had procured for him the highest commendation of the various boards of managers under whom he held office. Mr. Douty was the author of several valuable contributions to the medical journals bearing on mental science. His able administration of the Berks County Asylum, no less than his kindness of heart and manner, had earned for him the respect and friendship of all with whom he came in contact, and his untimely death at the early age of thirty-four will be deeply regretted by everyone who knew him.

WILLIAM EDWARD BALKWILL, M.R.C.S., L.S.A.

MR. W. E. BALKWILL was born at Kingsbridge, Devon, on June 14th, 1849, being the eldest son of W. H. Balkwill, Esq., and a descendant of the celebrated George Fox. He was educated at the Kingsbridge Grammar School and at Amersham Hall School. His medical education was received at St. Bartholomew's Hospital, where he displayed great industry and marked enthusiasm, and was the leader of a large group of earnest and successful students. After obtaining his qualification to practise he was appointed house surgeon at the Royal Orthopædic Hospital, and filled that office from 1872 to 1875. A vacancy then occurring on the honorary staff, Mr. Balkwill was elected to fill it, and he started in practice in Old Cavendish-street and devoted himself entirely to this department of surgery. He was very successful in it; he combined operative skill and mechanical ingenuity with great devotion and kindness to his patients, all of whom became his friends; and his modesty was as pronounced as his kindliness of heart. Mr. Balkwill took great interest in athletic performances of all kinds, and was a recognised authority on such subjects. He was an admirable shot and generally spent his holidays on the moors. In the spring of 1891 he had a serious attack of influenza, and in January, 1892, he was again seized with the prevailing disorder. He appeared, however, to have regained his usual health, but on Sunday, July 10th, he was suddenly smitten down with cerebral hæmorrhage and passed quietly away on the morning of July 11th.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN ordinary meeting of the Comitia of the Royal College of Physicians was held on Thursday, the 28th inst., Sir Andrew Clark, President, in the chair. Dr. Donald William Charles Hood and Dr. John Ebenezer Ranking, who were elected Fellows in April last, were admitted. Dr. Edward Alfred Birch, being resident in India, was admitted a Fellow *in absentiâ*. The following gentlemen, having passed the required examination, were admitted as Members:—John Rose Bradford, M.D.Lond., Charles Petre Lovell, M.B.Oxford, Frederick John McCann, M.B.Edin., Solomon Charles Smith, M.D. Durham, Neville Thorold Wood, L.R.C.P. Licences to practise were granted to 134 candidates, and diplomas in public health to eighteen practitioners. A copy of the Japanese Pharmacopœia was received from the Foreign Office, as was also a case of drugs from Cheefoo, the latter being referred to Dr. Mitchell Bruce and Dr Hale White for report. An application from the Hospital for Women at Leeds for recognition as a place of instruction in gynæcology was referred to the committee of management, and a copy of the arms of the College was sent to the Yorkshire College at Leeds for the decoration of the hall of that College. Letters of thanks for copies of Harvey's Lectures in *facsimile* were received from Dr. Brouardel, Professor Corradi, and Herr Joseph Körösi. An important report from the Censors' Board respecting the sale or transfer of a practice and the transfer of patients for a pecuniary consideration from a Member to a Fellow was read, and a resolution was unanimously adopted to the effect that such a transaction was contrary to the traditions of the College and derogatory to the position of a physician. The resolution will be sent to every Fellow and Member of the College. A report was received from the Fever Hospitals' Committee recommending that students should visit the small-pox hospital ships for a period of two weeks, but that this attendance should not be compulsory, and that the disciplinary measures should be similar to those in force at the fever hospitals. The College seal was set to the lease from the Queen, as Duchess of Lancaster, of the ground in the Savoy, on which the buildings of the Royal Colleges stand. The Censors, Examiners, and other College officers were elected. The usual reports of the Examiners, of the Finance Committee, of the Library Committee and of the Curators of the Museum were read and adopted. The West Riding Lunatic Asylum was recognised for the attendance of students, and a list of the workers in the laboratories and of the work on which they were engaged was also presented. A proposal to establish a sinking fund to cover any liabilities which may arise on the termination of the lease in 1984 of the site on which the Examination Hall and the Laboratories are erected was referred to the Finance Committee. The College will be closed during the next two months for decoration, repairs and the installation of the electric light.

MEDICAL TRIALS.

HIGH COURT OF JUSTICE, QUEEN'S BENCH DIVISION.

(BEFORE MR. JUSTICE WRIGHT.)

EX PARTE ALLINSON—IN THE MATTER OF AN ORDER OF THE GENERAL MEDICAL COUNCIL.

IN this case the General Medical Council, under the Medical Act of 1858, section 29, had made an order to erase from the register the name of one Allinson for certain conduct of his, and he had obtained *ex parte* an order for an injunction to restrain them from publishing it in their proceedings.

Mr. Reid, Q.C. (with Mr. Muir Mackenzie), now moved, on the part of the General Medical Council, to discharge the injunction, which, he said, had been obtained *ex parte* and on statements which were contradicted and went to the merits of the case, which had been dealt with by the General Medical Council under their statutory authority, which had been recognised in several cases, one before the Court of Appeal ("*In re* Allbutt," 23 Q.B.D., 40; "*Ex parte* Leeson," 43 Ch. Div., 366; "*In re* Partridge," 8 *The Times* Law Reports, 453). In these cases it had been settled that if the Medical Council acted honestly, then proceedings within their jurisdiction would not be interfered with. Mr. Justice Gainsford Bruce: They are the only authority to determine whether a man's name shall be erased from the register?—Yes. Mr. Justice Wright: We cannot try the case, which will be tried in the action, and if the plaintiff succeeds, then perhaps he may obtain an injunction, but we cannot try the case by anticipation.—The injunction would be very inconvenient, as it would prevent the half-yearly publication of the minutes of the Council's proceedings, which are of great advantage to the profession. In Leeson's case there was a hearing of the action. Mr. Justice Wright: This is an *ex parte* application before the hearing, which is quite different.—Just so. This is an application for an interim injunction.

Mr. H. S. Young appeared on the part of the applicant in support of the injunction. The judges, he said, who granted it read the advertisements. The erasure of the applicant's name prevents him from practising. Mr. Justice Wright: We cannot restore the name to the register; it is already erased.—It is not erased from the printed register. Mr. Justice Gainsford Bruce: The register is legal evidence.—Yes, and in the printed registers his name is not erased. Mr. Justice Wright: It cannot be erased from the thousands of copies in circulation; but if the question arises it will be tried by reference to the original register. Mr. Reid said it was erased there. Then the publication of the erasure there will prejudice the applicant. Mr. Justice Wright: It ought to be published; his name is erased from the register; otherwise he will be enabled to practise under false pretences.—It is only erased from the written register. Mr. Justice Wright: That is the register, though printed copies may be evidence.—If this injunction is not retained the plaintiff may be prejudiced and prevented from practising. Mr. Justice Wright: Your idea apparently is that if we continue the injunction he may continue to practise.—Yes, if the injunction continues he will be a registered medical practitioner. Mr. Justice Wright: Suppose we think otherwise and that he is not a registered medical practitioner until his name is restored, what substance will there be in your application?—It will prevent further publication of the fact. Mr. Justice Wright: Do you seriously maintain that, assuming we hold he is no longer a registered medical practitioner, we are are to compel the Council to publish that he is?—No, certainly; that cannot be asked. The Council ought not to continue to publish the erasure. But the hearing cannot come on before the Long Vacation and unless the injunction is continued the applicant will be seriously injured.

The Court, however, discharged the injunction.

Mr. Justice Wright said the continuance of the injunction was evidently pressed for under the impression that the effect would be to enable the applicant to practise, but that was quite an erroneous motion and, therefore, there was no real or substantial advantage in it. No one can suppose that we should order the Council, before the hearing of the case, to put back his name on the register from which it has been erased, so as to produce a false impression that he is still a registered practitioner when in truth he is not. If the plaintiff shall succeed in his action there will be time enough to apply for an injunction to prevent publication. At present the injunction must be dissolved.

Mr. Justice Gainsford Bruce concurred. It would require, he said, a strong case to justify such an injunction. The General Medical Council were intrusted by the Legislature with the duty of determining whether a name should be erased from the register. And the injunction would not restore the name already erased, but would only restrain them from publishing the fact. And why should they be prevented from making the public aware of it, thus producing a false impression that the applicant is on the register when in truth he is not?

Injunction dissolved.—*The Times*.

Medical News.

UNIVERSITY OF GLASGOW.—The following candidates have passed the Fourth (Final) Professional Examination for the degrees of M.B. and C.M.:—

Candidates who took Pathology in Fourth Professional Examination.—Harry Cleghorn Anderson, Charles James Babes, Thos. Barrowman, Edward Beck, Robert Bishop, John James Boyd, William Limont Brown, Archibald Chalmers, M.A., James Easton Chalmers, David Charters, John Cochrane, William Craik, John David Davies, Richard Gregor Dick, Thomas Divine, Jas. Fisher, William Fulton, Henry Niven Gardiner, James Gillespie, Peter Napier Grant, Thos. Hamilton, David Harris, William Sandilands Harrison, William Moffat Holmes, Robert King Howat, John Johnson, Hugh Kerr, M.A., David Clark Laird, Robert Langmuir, M.A., John Lindsay, M.A., James Buchan Littlejohn, Edward James Morris, William M'Niven Muat, Percy Hope Murray, Alexander Christie M'Arthur, James M'Glashan, James Angus Macintosh, Jas. M'Kay, Alexander John M'Kechnie, George M'Lauchlan, Peter Carmichael M'Robert, Charles O'Neill, William Adam Paterson, Robert Ramsey, William Roberton, Leonard Alfred Rowden, Thomas Leadbetter Shields, William Northcote Sime, Alexander Robb Smith, Charles Stewart, David Robert Thomson Strong, David Wallace, Andrew Watson, John Watt, John Whitehouse, Charles Frederick Wylie, Alfred Alex. Young, M.A., John Cameron Young.

Candidates who passed Pathology in Third Professional Examination.—William Henry Mason Alexander, James Ebenezer Bow, William Brodie Brodie, Wm. Mackenzie Brown, Archd. Prentice Campbell, David Birrell Campbell, James Carslaw, M.A., Andrew Cluckie, James Cochrane, Robert Cook, Alexander Baillie Craig, James Ritchie Dalrymple, John Stanley Davies, M.A., John Don, M.A., William Walton Don, Neil Downie, Alexander Robert Ferguson, Andrew Findlay, Alfred Forrest, M.A., Jas. Fisher Frew, Andrew Graham, Robert Guy, James Blair Hartley, Æneas Henderson, Ernst Denny Scott Heyliger, Henry Edward Jones, Neil Keith, Thomas Kirkwood, M.A., Thomas Donald Laird, Hugh Lawrie, Hamilton Cleiland Marr, Robert M'Farlane Marshall, Jas. Donald Rae Monro, M.A., John Morton, William Cochrane Murray, John Hardie MacArthur, William M'Call, Alex. Hutchison M'Cracken, John M'Donald, M.A., Alex. Stewart M'Pherson, Wm. M'Walter, George Nicoll, John Paterson, M.A., Wm. Findlay Paton, M.A., William John Richard, M.A., James Jenkins Robb, James Andrew Robertson, Maurice Tancred Stack, William Steel, Wm. Caldwell Steele, John Barr Stevens, Robert Taylor, James Thomson, John M'Donald Vallance, Andrew Wauchope, Charles Wilson, William Semple Young.

The undermentioned gentleman has passed the Final Examination for the degree of M.D. (old regulations):—

Robert Cook, L.R.C.S.E.

SOCIETY OF APOTHECARIES OF LONDON.—The following candidates have passed in the respective subjects:—

Surgery.—E. C. Adams, St. Barthol.; W. Ashby, Guy's; R. S. Berry, St. George's; F. Clarke, St. Barthol.; W. R. Clarke, Belfast; G. Cross, St. Thomas's; C. G. L. Dähne, St. Barthol.; C. P. T. Edwards, University Coll.; C. G. Hoysted, Charing-cross; E. A. Humphreys, Owens Coll.; G. C. Jeaffreson, University Coll.; F. Melandri, Bologna; H. W. Oborn, St. Thomas's; R. N. U. Pickering, St. Barthol.; H. Richardson, Owens Coll.; A. B. Rogers, Owens Coll.; R. L. Romer, St. George's; G. Schilling, St. Thomas's; T. A. B. Soden, Charing-cross; S. J. Stuck, Middlesex; A. J. Temperley, London Hosp.; L. P. Tomlinson, St. George's; W. E. Toyne, Edinburgh; C. Webb, St. George's; W. R. Willey, St. Mary's.

Medicine, Forensic Medicine, and Midwifery.—H. S. Elliott, St. George's; W. H. F. Noble, University Coll. and London Hosp.; E. Le F. Payne, St. Mary's; H. R. Phillips, Cambridge and Manchester; H. E. B. Porter, London Hosp.; J. H. F. Way, St. Thomas's; S. Wilkinson, Liverpool.

Medicine and Forensic Medicine.—F. Melandri, Bologna; A. L. Roper, Cambridge and Guy's Hosp.

Medicine and Midwifery.—F. A. Arnold, London Hosp.; W. R. Clarke, Belfast; G. Cross, St. Thomas's; W. D. Johns, Durham; G. W. Lilley, Yorks Coll., Leeds; J. N. Martin, St. Barthol.; G. A. Peake, Bristol.

Medicine.—H. J. van Leent, Guy's.

Forensic Medicine and Midwifery.—S. P. Hopewell, London Hosp.; J. A. Procter, King's Coll.; F. Spurr, Middlesex; A. J. Temperley, London Hosp.; J. B. Tindall, King's Coll.

Forensic Medicine.—H. F. Ransome, Owens Coll.; S. A. L. Sodipe, University Coll.; C. Webb, St. George's.

Midwifery.—W. D. Akers and F. N. Roth, St. Mary's.

To Messrs. Ashby, Hoysted, Humphreys, Phillips, Pickering, Porter, Ransome, Rogers, Romer, Sodipe, Spurr, Toyne, Way and Webb was granted the diploma of the Society entitling them to practise Medicine, Surgery and Midwifery.

MEDICO-PSYCHOLOGICAL ASSOCIATION.—The following gentlemen have passed the examination of the Medico-Psychological Association of Great Britain and Ireland, entitling them to the certificate in Psychological Medicine:—At Aberdeen, on July 16th: Messrs. F. S. Ainley, G. Cruikshank, A. B. Dalgetty, A. Davidson, R. Ferguson, W. Hector, F. Kelly, T. B. Law, G. B. D. Macdonald, W. C. Pieris, W. H. de Silva and R. S. Trotter.—At Edinburgh, on July 18th: Messrs. S. C. Brush, C. R. Nair, D. A. Welsh and J. B. Yeoman.

MEDICAL MAGISTRATE, AUSTRALIA.—Dr. Victor Black, of Southern Cross, Yilgarw, West Australia, has been appointed a Justice of the Peace.

THE General Practitioners' Alliance have passed a resolution expressing the opinion that charities which bestow indiscriminate medical relief and levy fees upon the sick and needy should not be allowed to participate in the Hospital Sunday and Saturday Funds.

COTTAGE HOSPITAL FOR NUNEATON.—A cottage hospital is to be erected for this town and district on a site given by Messrs. J. Tomkinson and R. Stanley, situated near the Midland Railway Station. The estimated cost of the building is £2000. The subscriptions amount to £2388 18*s.*

BRISTOL MEDICAL MISSION.—The ceremony of opening the new premises in connexion with this mission in Redcross-street took place on the 19th inst. This much-needed enlargement will greatly add to and extend the sphere of the mission's usefulness.

PRESENTATIONS.—The members of the Aberdeen, Banff and Kincardine branch of the British Medical Association waited on Dr. Mackenzie Booth at his house on the 21st inst. and presented him with a pair of silver candelabra on the occasion of his approaching marriage.—Mr. T. M. Butler, M.R.C.S., of Guildford, has been presented by the members of the Loyal St. Mary's Lodge of Oddfellows, on his retiring from the position of the Lodge Surgeon, after upwards of thirty years' service, with a handsome silver salver.

TRAINED MALE NURSES.—The annual meeting of the Hamilton Association for providing Trained Male Nurses was held last week. The seventh annual report stated that the number of male nurses on the roll at the end of June was thirty-one. Of these, twenty-two were employed, three were off duty by their own request and six were available for duty. There had been an increase in the number of men employed in hospital work during the year. Both financially and in other respects the position of the Association was satisfactorily improved.

ROYAL SEA-BATHING INFIRMARY, MARGATE.—On Saturday the annual meeting was held in connexion with this infirmary. It was stated that of 220 beds in the institution 140 had been closed for want of funds. To this cause the present financial condition was chiefly attributed. The late Sir Erasmus Wilson made a gift to the infirmary of a new wing which he intended to endow, but died before completing the bequest, thus entailing upon the committee an outlay of £10,000 to finish the work and to purchase a new recreation ground in place of that built upon. The invested capital had in consequence been largely utilised, and it is estimated that by closing 120 beds £2000 a year will be saved and the income then will be about adequate to discharge the necessary expenditure.

COLLEGE OF STATE MEDICINE.—The annual meeting of the Fellows of the College of State Medicine was held on the 22nd inst., Sir Thomas Crawford, K.C.B., in the chair. The report for 1891 was read and adopted. The work of the college had been very successful during the year and the college had been self-supporting. Further efforts will be made to extend its usefulness as a teaching institution in connexion with public health. Sir Joseph Fayrer gave confident expression to his belief in an extended sphere of usefulness for the college. Established on sound principles, and supported and conducted by men with no motives of self-aggrandisement, it was certain of ultimate success. In this vast metropolis, crowded with institutions and societies of all kinds, it sometimes happened that the useful and deserving were temporarily overshadowed. But, whenever the basis was a sound one and the work done was honest and thorough, a full measure of success was only a question of time. Dr. Fleming suggested that greater efforts should be made to give publicity to the scope and work of the college. Although the numbers who took advantage of the teaching of the college were large and steadily increasing, he felt certain that if its educational advantages were better known the increase would be much more rapid. Professor J. Lane Notter brought before the notice of the meeting the large numbers who present themselves for examination in Hygiene under the scheme of the South Kensington Science and Art Department, and suggested that the teaching, which is at present confined to medical men, should in some way and in different classes be made available to teachers and others.

HOSPITAL SATURDAY FUND.—The total amount at present received on behalf of this fund has reached nearly £11,000.

SCARLET FEVER AT SHIPLEY.—In consequence of the prevalence of scarlet fever in Shipley district it has been decided to close all Sunday schools until the end of August.

THE ISLE OF MAN HOSPITAL, DOUGLAS.—The annual report for the past year shows that excellent work was done during the year and that there had been an increase in the subscriptions and donations.

THE Princess of Wales has forwarded to the British Home for Incurables a cheque for £150, being the second instalment on account of the sale of Canon Fleming's sermon, "Recognition in Eternity."

THE GREAT NORTHERN CENTRAL HOSPITAL.—At the opening ceremony of the bazaar recently held at Hampstead in aid of the building fund of the Great Northern Central Hospital it was announced that a gentleman, who at his own request remains for the present anonymous, had offered to subscribe £500 to the hospital if nine others would follow his example. The committee have since received two similar promises.

EARLSWOOD IDIOTS' ASYLUM, REDHILL, SURREY.—The forty-fifth annual report shows that steady progress had been made during the past year in all the departments. Cases from all classes in society are pressing for admission and from all parts of the kingdom applications are received seeking advice and direction. The largest number of inmates in residence in any year was attained in 1891. Scientific modes of training have been tried, both physical and mental, with marked success. Finance causes anxiety; the expenditure last year exceeded the income and left a liability of £500 to the bankers.

SANITARY INSPECTORS' ASSOCIATION.—Dr. B. W. Richardson presided at a general meeting of this Association held at the Carpenters' Livery Hall, London Wall, on Saturday. The report presented recommended, upon the question of examination for sanitary inspectors, that the Council should be empowered to confer with the Court of the Carpenters' Company with the view to arrange for lectures and examinations. A report was also submitted upon the Association's recent visit to Paris, which deals with the chief features and incidents of the journey. The chairman, in supporting a motion for the adoption of the respective reports (which was agreed to), stated that the Association had learned many important lessons on sanitation by their visit to Paris.

LEAD IN TARTARIC ACID.—At Woolwich Police-court, before Mr. Kennedy, Mr. George Mence Smith, oil and colourman, who owns a great number of retail shops, was summoned by the Local Board of Health for selling tartaric acid containing 0·0026 per cent. of lead, equivalent to 0·18 grain of lead per pound; and citric acid containing 0·037. per cent. of lead, equivalent to 2·59 grains of lead per pound. Mr. E. Hughes, M.P., supported the complaint, and Mr. Blanchard Wontner appeared for the defence. It was agreed to take the case of the tartaric acid first. Professor W. R. Smith, public analyst and medical officer of health for Woolwich, said he had analysed a sample of tartaric acid purchased from one of the defendant's shops, and certified that it was adulterated as alleged in the summons. Lead was an accumulative poison, and one twenty-fourth of a grain in a gallon of water would be injurious. Lead got into tartaric acid probably in the course of manufacture, either by the use of sulphuric acid or by the preparation of the article in leaden vessels. Care in manufacture would avoid it. For the defence Dr. John Muter was called. He agreed with Dr. Smith's analysis, but totally disagreed with his conclusions. An ordinary bottle of lemonade would contain eight grains of tartaric acid, and a man would have to take about 220 bottles per day, according to this analysis, before he consumed one-twentieth of a grain of lead. Mr. Connor, of Wandsworth, said he had large experience in whitelead colic, and considered that the quantity of lead in this tartaric acid was too small to affect health. Mr. Kennedy dismissed the summons, and the matter of the citric acid, together with several other cases of a similar character, was adjourned.

BIRMINGHAM AND MIDLAND EYE HOSPITAL.—The work accomplished by the institution during the past year is very satisfactory. The limit formerly placed on the number of beds occupied—namely, thirty-five—is now removed. This and the previous year's accounts showed a substantial balance of income over expenditure, and the conditions accompanying Miss Rylands' generous gift having been complied with, the committee were enabled to increase the work of the hospital by the treatment of an additional number of in-patients, for which the institution was adapted. The total number of patients treated was 22,478, an increase on last year of 1049.

Appointments.

Successful applicants for Vacancies, Secretaries of Public Institutions, and others possessing information suitable for this column, are invited to forward it to THE LANCET *Office, directed to the Sub-Editor, not later than 9 o'clock on the Thursday morning of each week for publication in the next number.*

DONAGAN, A. E., L.D.S. R.C.S. Edin., has been appointed Dental Surgeon to the Royal Institution for Deaf and Dumb Children, Birmingham.

DRUMMOND, J. H. G., L.R.C.P., L.R.C.S. Edin., has been appointed a Public Vaccinator in South Australia.

EKINS, A. E., has been appointed Public Analyst for the County of Hertfordshire.

FARR, E. A., L.R.C.P. Lond., M.R.C.S., has been appointed Medical Officer to the Post-office, Andover.

FENWICK, W. SOLTAU, M.D. Lond., M.R.C.P., has been appointed Medical Tutor to the London Hospital.

HARKIN, C. F., M.B., B.Ch. Dub., has been appointed a Public Vaccinator for Wodonga, Victoria, Australia.

HAYWARD, ARTHUR E., M.R.C.S., L.S.A., has been appointed Public Vaccinator for the Brixham and Churston Districts of the Totnes Union, vice Green, deceased.

HILL, A. B., M.D. Giessen, L.R.C.P., L.R.C.S., D.P.H. Camb., has been appointed Public Analyst for the county of Warwickshire.

HUXTABLE, L. R., M.B., C.M. Edin., has been appointed an Official Visitor to the Hospital for the Insane at Parramatta, New South Wales.

KAUFFMANN, O. J., M.D. Lond., M.R.C.P., M.R.C.S., has been appointed Physician for Out-patients and Pathologist to the Queen's Hospital, Birmingham, vice Crooke, resigned.

KEBBELL, C., L.R.C.P. Lond., M.R.C.S., has been appointed Honorary Visiting Physician to the Brisbane Hospital, Queensland.

KERR, J. A., M.B., C.M. Glasg., has been appointed Health Officer for the District of Elliston, South Australia.

LAKE, RICHARD, F.R.C.S., has been appointed Registrar and Pathologist to the Hospital for Diseases of the Throat, Golden-square, W.

MARKS, C. F., M.D. Irel., M.R.C.S., has been appointed Honorary Visiting Surgeon to the Brisbane Hospital, Queensland.

MCKINNON, A. A., M.R.C.S., L.R.C.P. Lond., has been appointed Assistant House Surgeon to the Royal Albert Hospital, Devonport, vice Dr. J. George, resigned.

MORSHEAD, E. G. A., M.D. Brussels, L.R.C.P. Lond., M.R.C.S., has been appointed Surgeon to the Loyal St. Mary's Lodge of Oddfellows, vice Butler, resigned.

ROBERTSON, GEO., M.B., C.M. Aber., has been appointed Medical Officer to the Glenfoundland Lodge of Oddfellows, Insch, Aberdeenshire, vice Dr. G. B. Currie, resigned.

SCANLAN, C. E., M.B., C.M. Glasg., has been appointed Government Medical Officer and Vaccinator for the District of Port Macquarie, New South Wales.

SPEECHLY, HARRY MARTINDALE, M.R.C.S., L.R.C.P. Lond., has been appointed House Surgeon to the London Hospital.

STEELE, JONATHAN, L.R.C.P. & S. Edin., L.F.P.S. Glasg., has been appointed Medical Officer of Health to the Kidsgrove Local Board, Stoke-on-Trent, vice A. B. Great Rex, M.D., resigned.

STURGE, W. HOWARD, M.B. Lond., has been appointed House Physician to the London Hospital.

SYMONDS, HORATIO, F.R.C.S. Edin., has been appointed Consulting Surgeon to the Faringdon Cottage Hospital.

TAYLOR, W. F., M.D. Canada, M.R.C.S., D.P.H. Lond., has been appointed Honorary Ophthalmic Surgeon to the Brisbane Hospital, Queensland.

TEICHELMANN, E., L.R.C.P. Irel., F.R.C.S. Eng., has been appointed Surgeon-Lieutenant in the Medical Department, South Australian Military Forces, and also appointed a Public Vaccinator in South Australia.

THOMSON, J., M.B., C.M. Edin., has been appointed Honorary Visiting Surgeon to the Brisbane Hospital, Queensland.

TILSTON, E., L.R.C.P. Edin., M.R.C.S., has been appointed Honorary Visiting Surgeon to the Brisbane Hospital, Queensland.

TURNER, N. H., L.R.C.P. Lond., M.R.C.S., has been appointed Surgeon to the Royal Institution for Deaf and Dumb Children, Birmingham.

WARDEN, CHAS., M.D. Aberd., F.R.C.S. Edin., M.R.C.S., has been appointed Honorary Consulting Surgeon to the Royal Institution for Deaf and Dumb Children, Birmingham.

WILSON, T. S., M.B. Edin., M.R.C.P. Lond., M.R.C.S., has been appointed Honorary Consulting Physician to the Royal Institution for Deaf and Dumb Children, Birmingham.

Vacancies.

For further information regarding each vacancy reference should be made to the advertisement.

COUNTY ASYLUM, Shrewsbury.—Junior Assistant Medical Officer. Salary £100 per annum and £8 in lieu of beer, with board, lodging and washing.

DOCTOR, 2, New-rents, Ashford, Kent.—Junior Qualified Assistant for a Medical Association.

GENERAL HOSPITAL, Birmingham.—Two Assistant House Surgeons for six months. Residence, board, and washing provided.

LEEDS PUBLIC DISPENSARY, New Briggate.—Junior Resident Medical Officer. Salary £85 per annum.

LONDON LOCK HOSPITAL AND ASYLUM, Harrow-road, W.—House Surgeon. Salary £100 per annum, with board, lodging and washing.

MANCHESTER ROYAL EYE HOSPITAL.—House Surgeon. Salary £70 per annum, with residence, board and washing.

ROYAL UNITED HOSPITAL, Bath.—Honorary Physician.

TOTTENHAM HOSPITAL.—Resident House Surgeon for one year. Salary £90 per annum.

WREXHAM INFIRMARY AND DISPENSARY.—House Surgeon. Salary £80 per annum, with furnished room, board, gas, coal, and attendance.

YORK RETREAT.—Senior Assistant Medical Officer. Salary £150 per annum, with board and lodging.

Births, Marriages, and Deaths.

BIRTHS.

BROWN.—On July 23rd, at Bedford House, Chiswick, the wife of James Brown, M.B., Tring, of a daughter.

CUTFIELD.—On July 25th, at Merton House, Ross, Herefordshire, the wife of Arthur Cutfield, B.A., B.Sc., M.R.C.S., of a daughter.

LINDSAY.—On July 3rd, at Heber City, Utah Territory, U.S.A., the wife of D. M. Lindsay, L.R.C.P., L.R.C.S.I., of a son.

PAYNE.—On July 22nd, at Wimpole-street, the wife of Joseph Frank Payne, M.D., of a daughter.

PHILLIPS.—On July 16th, at Grosvenor-street, W., the wife of John Phillips, M.A., M.D. Cantab., F.R.C.P., of a son.

SCOFIELD.—On July 17th, at Netherfield, Notts, the wife of Harold Scofield, M.B., B.Sc., of a son.

MARRIAGES.

BEALE—ATTWELL.—On July 25th, at St. Mary's, Barnes, by the Rev. Dr. Wace, Principal of King's College, London, assisted by the Rev. B. Meredyth Kitson, M.A., Rector of the Parish, Peyton T. B. Beale, F.R.C.S., of 61, Grosvenor-street, London, only son of Professor Lionel Beale, M.B., F.R.S., also of 61, Grosvenor-street, to Gertrude Louisa, youngest daughter of Professor Attwell, K.O.C., of Fern Lodge, Barnes.

BENNETTS—KNOTT.—On July 23rd, at St. George's Episcopal Church, Edinburgh, John James Bennetts, M.B., C.M., of Brompton, Chatham, to Gertrude Elizabeth, daughter of Tavernor Knott, Artist, Edinburgh.

BENSON—COOPER.—On July 26th, at St. Peter's, Eaton-square, Alfred Hugh Benson, M.R.C.S., L.R.C.P., of Wrington, Somerset, to Marie, second daughter of the late Richard Cooper, of Higham Court, Sittingbourne.

BOSTOCK—PERRY.—On July 21st, at St. Peter's, Eaton-square, Surgeon Robert Ashton Bostock, Scots Guards, son of Deputy-Surgeon-General John Ashton Bostock, C.B., Hon. Surgeon to the Queen, to Mary Catherine, eldest daughter of Brigade-Surgeon George Perry, of St. George's-square, S.W.

HUTCHINSON—HUTCHINSON.—On July 13th, at the Westminster Meeting-house, St. Martin's-lane, Procter Selby Hutchinson, M.R.C.S., second son of Jonathan Hutchinson, F.R.S., of Cavendish-square, to Alice Mary, eldest daughter of the late Edward Hutchinson, of Haslemere, Surrey.

OWEN—DAVIES.—On July 20th, at Llanymynech Parish Church, by the Rev. Ll. Wynne-Jones, Rector of the Parish, assisted by the Rev. W. Thomas, Vicar of Bwlch-y-Cibau, Owen Trafford Owen, M.B., C.M., of St. Albans-place, Blackburn, to Marian Elizabeth, eldest daughter of J. W. Davies, of Vyrnwy Bank, Llanymynech.

PARSONS—PARKINSON.—On July 21st, at Holy Trinity Church, Tunbridge Wells, Frederick George Parsons, M.R.C.S., to Maria, widow of the late John Lechmere M. Parkinson, of Ludford Park, Ludlow.

WATERHOUSE—HARKER.—On July 27th, at the Church of St. Lawrence, Middleton St. George, co. Durham, by the Rev. John Groves, Vicar of Redcar, assisted by the Rev. C. Jackson, M.A., Rector of the Parish, Herbert Furnivall Waterhouse, M.D., C.M. Edin., F.R.C.S. Eng., of 81, Wimpole-street, Cavendish-square, W., eldest son of the late Rev. Charles J. Waterhouse, M.A. Cantab., to Edith Florence, only daughter of John G. Harker, Esq., Middleton St. George.

DEATHS.

HEIM.—On July 17th, at 4, St. Ann's Villas, Royal-crescent, Nottinghill, Charles Mungo Heim, M.R.C.S. Eng.

LOWER.—On July 21st, at Olveston, Gloucestershire, Nynian Holman Lower, M.R.C.S., L.S.A., eldest son of the late Mark Antony Lower, of Lewes, Sussex, aged 52.

N.B.—A fee of 5s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.

Notes, Short Comments & Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editors."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for insertion or for private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe or recommend practitioners.

Local papers containing reports or news paragraphs should be marked and addressed "To the Sub-Editor."

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "To the Publisher."*

We cannot undertake to return MSS. not used.

CERVICAL RIBS.

McIvor.—Our correspondent will find the literature on this subject in the various papers and works to which the following references apply, but may, we think, obtain most information from papers by Dr. Struthers. One of these is published in the *Monthly Journal of Medical Science* for 1853 ("On Rudimentary Ribs and their Relation to the Vertebræ"); another in the *Journal of Anatomy and Physiolog* for 1874-5 ("Variations of the Ribs and Vertebræ in Man"—see Cervical Ribs, p. 32). There are papers also by Sir W. Turner in the *Journal of Anatomy and Physiology* for 1869-70 and 1882-83; Mr. W. Lane, Guy's Hospital Reports, 1883-84, p. 100; Professor R. W. Reid, Proceedings of the Anatomical Society, 1889-90: Dr. Dymock, *Edinburgh Medical and Surgical Journal*, 1883, p. 304; Dr. Willshire (case), THE LANCET, vol. ii. 1869, p. 633; Dr. Beevor (case), Trans. Med. Soc. Lond., 1890, p. 505; Dr. Clarke, *Glasgow Medical Journal*, 1874; Mr. Cones, *Science*, Cambridge, 1884, vol. iii. ("On Free Cervical Ribs in the Human Subject"); Dr. Jewett, Am. Anat. and Surg. Soc., Brooklyn, vol. i., 1878-89; Dr. Shepherd, American Journal Med. Soc., Philadelphia, 1883. He might also consult Meckel's Manual of Anatomy; Gillette, Bul. Soc. An. de Paris, 1869, p. 72; Lebancq, Pascal, Romiti, &c.

AN APPEAL.

To the Editors of THE LANCET.

SIRS,—You were good enough in May, 1890, to insert an appeal from us on behalf of Mr. Thomas Comfield. He is a physician who has by advancing paralysis been wholly incapacitated for many years and confined entirely to his bed for more than six. The response to our letter placed at our disposal a total of £132 10s., which we have sent to him in sums of £5 per month. This fund is now exhausted, and as Mr. Comfield's circumstances remain as before we are obliged to make another appeal. He is almost unable to move, and needs the constant attendance of a skilled nurse. His relatives are not able to afford him anything beyond very trifling pecuniary help, and his case is one worthy of the active sympathy of those of our profession who can afford to render him assistance. We shall either of us be glad to take charge of donations for him.

We are, Sirs, yours faithfully,

J. HUGHLINGS JACKSON, 4, Manchester-square, W.
July 16th, 1892. JONATHAN HUTCHINSON, 15, Cavendish-square, W.

The following subscriptions towards a second fund have been received:—

Sir Andrew Clark	£10 10 0	Messrs. Wakley, Editors of THE LANCET	£10 10 0
Dr. Hughlings Jackson	10 10 0		
Mr. Hutchinson	10 10 0		

HOW TO OBTAIN DIABETIC FOODS ABROAD.

To the Editors of THE LANCET.

SIRS,—A diabetic patient wishes to visit Paris, Rheims and Bourges Can you give me the addresses of any confectioners in those towns who sell gluten and almond breads?—I am, Sirs, yours faithfully,

Melksham, Wilts, July 20th, 1892. S. GROSE.

*** Cormier, 18, Rue des Grands-Augustins, is the most reliable and best maker of gluten and other diabetic foods in Paris. We do not think it likely that there is any actual maker in Rheims or Bourges, but in those places it could be procured by parcel post from Paris and even without difficulty from London. If not obtained direct in this way, a pharmaceutist, and not a confectioner, would be the proper person to apply to for it.—ED. L.

L.S.A. Lond., if under the new examinations, is not likely to be molested if he calls himself "surgeon apothecary." The other title mentioned is due only to graduates of universities.

INTERVIEWING MEDICAL MEN.

Interviewer.—For a medical man to suffer himself to be interviewed on medical questions would be contrary to the spirit and traditions of the profession. He would not only lay himself open to a charge of indirectly advertising himself and his opinions, but of setting a bad example in a profession which above all others is a *quiet* profession, and one dealing with delicate subjects that cannot be blatantly and dogmatically discussed to suit the newspaper style. Every medical man who sets his face against such practices deserves the thanks of his profession.

"MEDICAL AID ASSOCIATIONS."

To the Editors of THE LANCET.

SIRS,—Your correspondent, Mr. J. B. Pike, does not seem to have grasped the situation. There is nothing to be gained by saying "the fact of the matter is this," and then putting forward one's own views, but I think we all agree that the fact that qualified men are found glad to accept the small salaries offered by medical aid associations is due to the still more extreme smallness of the salaries offered by medical men to their assistants, and to the want of capital which renders the latter unable to buy or found practices. The man who graduated at the very bottom of his class buys a practice soon afterwards, and pays his old classmate, the first man of his year perhaps, £125 a year to do work for which the patients pay £1000 a year. For £2000 suppose he buys £1500 a year net, puts two-thirds of the work and all the drudgery on his assistant, knowing that the work will be better done than if done by himself, and thus, besides the opportunity of earning £500 a year by his own work, gets 50 per cent. on his capital. The assistant feels that he is badly treated and yet cannot resist, but the patients, learning that they pay £1000 for what can be had for £125, form a medical aid association, give the former assistant a salary of, say, £250, and thus, though obtaining exactly the same services, save £650 or £700 a year. The late principal is of course vexed at losing a large part of his income and calls his rival hard names, a "degrader of the profession," a "public sinner" and so on; and forgetting that he himself had been a party to a contract in which a qualified man undertook certain work for £125 a year, denounces as "low" one by which twice that sum is earned for the same work. He has, however, only himself to blame, for had he been content with 20 or 25 per cent. interest on his capital his assistant would have had such a salary as would make him refuse the association's offer. It is hardly necessary to say that I am not referring to any particular case, but illustrating by an example the method of dealing with assistants which is, I believe, largely responsible for the formation of the societies mentioned As to Mr. Pike's plan of forming a "strong trade union" among medical men, by which the action of "the House of Commons might be treated with contempt," I may say that popular feeling would be opposed to such a union among men who have comfortable incomes, that it would be called by the odious name of a "ring" and if it gave any trouble would be declared illegal. Finally, as to the "impression upon the mind of the public," I may point out that the public know the value of medical services from the salaries offered to qualified men by advertisements in the press. When they see that one medical man values another at £50 a year and food &c. their opinion cannot be lowered by seeing a third take a much larger salary from a lay association.—I remain, Sirs, yours sincerely,

July, 1892. VERAX.

THE CARPENTER AND DUKES FUND.

To the Editors of THE LANCET.

SIRS,—Dr. Arthur Carpenter, son of my lamented friend the late Dr. Carpenter, and myself beg to return sincere thanks for your kindness in so generously responding to the appeal made on our behalf to defray the heavy expenses of the action brought against us (for £2000 damages), which costs the judge ordered to be paid by the plaintiff. We also beg to thank our friends, Dr. Coles, the treasurer and Mr. Richardson, the secretary, of our Croydon Medical Society, for their kind assistance and generous support, the South-Eastern Branch of the British Medical Association, the Council of the British Medical Association, and all other medical brethren who have kindly contributed towards the fund.

We trust that the Parliamentary Bills Committee will succeed in their efforts to frame a Bill for altering the defects in the protective clauses of the Lunacy Act, so that in future medical men shall not be subjected to an action at law unless a guarantee be given that the costs shall be paid by the party to whom the verdict shall be decided against by the jury. I may add that Dr. Carpenter earnestly hoped that the publication of our case might be the means of the lunacy laws being altered. We hope that his wish may come to pass very soon.

I am, Sirs, yours faithfully,

Wellesley-road, Croydon, July, 1892. M. C. DUKES, M.D.

A COASTING TRIP.

To the Editors of THE LANCET.

SIRS,—In answer to your correspondent "A. E." I may state that I have at different times travelled by several of the steamers which ply around our coasts. Last year I made the trip to which he refers. The boat was a good one of its class. The accommodation for ladies was at best only moderately good, but it strikes me that what a lady would feel chiefly in a society which is usually masculine is the want of congenial companionship. I should, at all events, strongly advise "A. E." to make his first coasting tour alone. Going by himself he should be very comfortable. I am, Sirs, yours truly,

July, 1892. M.

KILLED BY LEECHES.

A HORRIBLE story comes to us from Vallombrosa, "Milton's Paradise," as it has been called; a favourite summer resort in the Apennines for the residents in Florence. Among the inmates of the Hôtel de la Savoie there was the Commendatore Giordani, Director-General of Mines in the Ministry of Agriculture and Commerce. On the evening of the 14th he went out for a walk and, being known to suffer from impaired health, his friends were very anxious when, after the lapse of some hours, he did not return. A prolonged search was made by a number of domestics provided with lanterns, and they were about to abandon it as fruitless when one of them heard a feeble moan coming from a pit at the foot of a steep incline. A descent was made to the spot, and there the unfortunate gentleman was found, still alive, with no injury to bone or limb, but "literally beset by a myriad of leeches" ("letteralmente assalito da una miriade di sanguishughe"). He was at once removed to the hotel and attended by Dr. Cesare Paggi, afterwards assisted by Professor Del Greco. But the loss of blood inflicted on an enfeebled constitution proved fatal, and, in spite of assiduous care and skill, the Commendatore died within three days of his rolling down into the pit.

F. E. N.—We do not believe it was ever intended by the Act that a fee should be charged under the circumstances mentioned. Such a charge is a distinct hardship and ought to be resisted. Attention should be called to the case.

Mr. C. Gregory, Salford.—Any application of this sort should reach us through a medical man.

P. R.—It should be treated like the midwifery fees—divided.

Mr. L. Kidd.—Messrs. Leggott and Co., Bradford.

THE LEGALITY OF MEDICAL STUDENTS ACTING AS ASSISTANTS.

To the Editors of THE LANCET.

SIRS,—Would you kindly inform me whether there is any law to prevent a medical student (unqualified) acting as an assistant to a duly qualified practitioner by visiting, dispensing and attending midwifery? Is an unqualified assistant (a student) liable to an action under the Apothecaries Act (1815) for visiting and prescribing?—Yours truly,

J. TAYLOR HANCOCK,

Amble, July 23rd, 1892. Registered Medical Student.

*** To the first question we would say that, provided the medical student acts under the close supervision of the principal and resides under the same roof, neither he nor his principal is likely to be molested by the rules laid down by the Medical Council for the guidance of practitioners. We would refer our correspondent for these rules to THE LANCET of June 4th, 1892, p. 1269. To the second question we have to reply that we are not aware of any such action against an unqualified assistant, and that it is not likely to be commenced.—ED. L.

"DURHAM CITY."

To the Editors of THE LANCET.

SIRS,—On page 232 of last Saturday's issue of THE LANCET I notice a paragraph headed "Durham City," in which your correspondent refers to the remarks made by the judge at the assizes recently held here with regard to some foul smell which existed in the court. I forward you a cutting from the *Durham County Advertiser*, of the 22nd inst., bearing on the point. I have made inquiries and am assured on the best authority that the explanation given in the paper is a perfectly correct one. Perhaps you will therefore be so good as to give publicity to the enclosed paragraph.—Yours obediently,

A. M. VANN,

Durham, July 26th, 1892. Medical Officer of Health.

*** We append the paragraph enclosed by our correspondent.—ED. L.

"THE 'NUISANCE' AT THE ASSIZE COURTS.—In the remarks passed at the Assize Courts last week his lordship was considerably wide of the mark in his opinion as to the smell of which complaint was made. As a matter of fact there was not the slightest defect in the sanitary condition of the Assize Courts, and the unpleasant smell was created by the presence of a person who suffered from a peculiar disease. He was seated in front of Mr. Walton, Q.C., the complainant, and therefore the smell was likely to be more offensive to that gentleman than to anyone else. The true state of things was discovered shortly afterwards by the police and the man was asked to retire. He did so, and the nuisance no longer existed in court. His lordship's severe observations were therefore unmerited."

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. James Armstrong, Liverpool; Mr. W. Armstrong, Pontesbury; Messrs. Ash and Sons; Dr. Althaus; Mr. W. Anderson; Mr. Airey; Dr. Abram, Exeter; Mr. Brown, Douglas; Mr. Banerji, Calcutta; Messrs. Bishop and Sons; Mr. A. E. Broster, Wirksworth; Messrs. Bates, Hendy and Co; Dr. F. Beach, Darenth; Mr. R. W. Barker; Messrs. Broome and Co., Oldham; Mr. Browning, Manchester; Messrs. Barker and Sons; Mr. Birchall, Liverpool; Mr. Burgess, Manchester; Mr. Byrne, North Devon; Dr. E. K. Campbell; Dr. G. Carpenter; Mr. A. Clark; Mr. Cornish; Mr. H. P. Dean; Dr. Dukes, Croydon; Dr. Dale, South Devon; Mr. Denman, Beaconsfield; Dr. James Edmunds; Major M. L. Flower; Mr. Foy; Dr. Garman, Kendal; Dr. S. Grose, Wilts; Mr. C. Gregory, Salford; Dr. Garstang, Blackburn; Dr. Gilbert, Baden

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LETTERS, *each with enclosure*, are also acknowledged from—Dr. Aitchison, Wallsend-on-Tyne; Mr. Anderson, Carmarthen; Messrs. Allen and Wilson, Indianopolis; Dr. Bourke; Messrs. Burgoyne, Burbidges and Co.; Dr. Barker, Hungerford; Mr. Barker, Hackney; Messrs. Blondeau et Cie., London; Mr. Boulger, Wolverhampton; Dr. Butler, Castle Donnington; Mr. Ballachey, Macclesfield; Messrs. Brown, Gould and Co.; Mr. Bourne, Stourport; Dr. Carmichael, Barrow-in-Furness; Dr. Cross, Newcastle-on-Tyne; Mr. Davenport, London; Miss De Lüttichau; Mr. Dyson, Goole; Messrs. Duncan, Flockhart and Co., Edinburgh; Mr. Evans, Victoria; Mr. East, Pontrilas; Mr. Fisher, West Hampstead; Mr. Fanshawe; Mr. Fiske, Aylesford; Dr. Griggs, Wheathampstead; Mr. Gilyard, Bradford; Messrs. Gardiner and Co., Wisbech; Messrs. Greef and Co., London; Mr. Gant, Hastings Hospital; Dr. Harley; Mr. Hardy, Maidstone; Messrs. Hargrave and Doidge, Suffolk; Mr. Hayward, Brixham; Mr. Hamer, Dartmouth Park-hill; Mr. Jesse, Macclesfield; Messrs. Kilner Bros.; Mr. Lambert, Hull; Mr. Lancaster, Edinburgh; Mr. Lindsay, Park City, Utah, U.S.A.; Miss Messinger, Alton; Mr. Martindale, London; Miss Manley, Croydon; Mr. O'Connell, Tralee; Mr. Pickles, Leeds; Mr. Pead, Upper Norwood; Mr. Phillips, Hastings; Mr. Pierce, Milford Haven; Miss Rogers, Tramore; Mr. Ross, Ashton-under-Lyne; Messrs. Robbins and Co.; Mr. Ritchie, Oxford; Mr. Robertson, London; Mr. Shaw, Huddersfield; Mr. Saunder, Manchester; Dr. Swann, Batley; Mr. Thin, Edinburgh; Mr. Tyte, Minchinhampton; Mr. Tunnicliffe, Gosport; Mr. Woodhead, Huddersfield; Mr. Wilson, Leeds; Mr. Wylie, Kingsbridge; Mr. Watt, Workington; Alpha; Vortex; Cascara; Queen's College, Birmingham; B. C. H.; Gerald, Cheshire; Jeyes' Sanitary Co.; Gamma; Doctor, Ashford; M.D., London; Secretary, Ingham Infirmary, South Shields; A. B.; X. Y.; Justice; Homo; M., South Devon; G. S.; J. S. S.; M.B.; Scalpel; Theta; Thorne; Medicus, Bristol; M.R.C.S., Weymouth; M., Hampstead; Veritas; Medicus, Loughborough; Vera; York; 252, Liverpool-road.

NEWSPAPERS.—*Sheffield Independent, Newcastle Journal, Natal Mercury, Pontefract Express, Warminster Journal, East Essex Times, Kentish Mercury, Somerset Express, Southport Guardian, Manchester Weekly Times, Hastingden Guardian, Civil and Military Gazette (Lahore), The South Africa, Health Messenger, Oxford Times, Manchester Examiner, Somerset Standard, Ripley Advertiser, &c.*, have been received.

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET Office, July 28th, 1892.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radiation in Vacuo	Maximum Temp. in Shade.	Min. Temp.	Rainfall.	Remarks at 8.30 A.M.
July 22	30·23	E.	60	56	94	72	53	...	Hazy
,, 23	30·30	N.	62	57	118	77	50	...	Hazy
,, 24	30·30	N.E.	58	54	98	62	50	..	Hazy
,, 25	30·31	N.E.	57	52	107	65	53	..	Overcast
,, 26	30·20	E.	60	56	112	71	56	..	Cloudy
,, 27	30·22	E.	61	58	108	70	57	..	Overcast
,, 28	30·24	E.	57	54	111	67	55	...	Overcast

Medical Diary for the ensuing Week.

Monday, August 1.

ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M., and on Tuesday, Wednesday, Friday, and Saturday at the same hour.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations daily at 10 A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M. and each day at the same hour.
CHELSEA HOSPITAL FOR WOMEN.—Operations, 2.30 P.M.; Thursday, 2.30.
HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and each day in the week at the same hour.
UNIVERSITY COLLEGE HOSPITAL.—Ear and Throat Department, 9 A.M.; Thursday, 9 A.M.

Tuesday, August 2.

KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.; Fridays and Saturdays at the same hour.
GUY'S HOSPITAL.—Operations, 1.30 P.M., and on Friday at the same hour. Ophthalmic Operations on Monday at 1.30 and Thursday at 2 P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.; Friday, 2 P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL, BROMPTON.—Operations, 2 P.M.; Saturday, 2 P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2.30 P.M.
ST. MARY'S HOSPITAL.—Operations, 1.30 P.M. Consultations, Monday, 2.30 P.M. Skin Department, Monday and Thursday, 9.30 A.M. Throat Department, Tuesdays and Fridays, 1.30 P.M. Electrotherapeutics, same day, 2 P.M.

Wednesday, August 3.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.
MIDDLESEX HOSPITAL.—Operations, 1.30 P.M.; Saturdays, 2 P.M. Obstetrical Operations, Thursdays, 2 P.M.
CHARING-CROSS HOSPITAL.—Operations, 3 P.M., and on Thursday and Friday at the same hour.
ST. THOMAS'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour.
LONDON HOSPITAL.—Operations, 2 P.M.; Thursday & Saturday, same hour.
ST. PETER'S HOSPITAL, COVENT-GARDEN.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2.30 P.M.
GREAT NORTHERN CENTRAL HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 1.30 P.M.; Skin Department, 1.45 P.M.; Saturday, 9.15 A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M., and on Saturday.
CHILDREN'S HOSPITAL, GREAT ORMOND-STREET.—Operations, 9.30 A.M. Surgical Visits on Wednesday and Saturday at 9.15 A.M.

Thursday, August 4.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. Surgical Consultations, Wednesday, 1.30 P.M. Ophthalmic Operations, Friday, 1.30 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Ear and Throat Department, 9 A.M.

Friday, August 5.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, August 6.

UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; and Skin Department, 9.15 A.M.

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